



5001 Tudor Place, Durham, NC 27713
919-544-2872

Medical Form

Child's Name: _____

Parent's Name: _____

Address: _____

General Health: _____

Special Health Concerns: _____

Current Medications: _____

Chronic/Recurring Illness: Ear Infections _____ Hearing Disorder _____ Heart Disease _____
Convulsions _____ Asthma _____ Other _____

Allergies: _____

Does your child receive outside services through the public schools and/or privately?

_____ Yes _____ No Please explain _____

Immunizations- Triangle Grace Preschool requires immunizations in accordance with the American Academy of Pediatrics. The AAP recommendations for children 0-6 years of age are listed below:

- Hepatitis B (HepB) – birth, 1 month, 6 months
- Rotavirus (RV) -2, 4 and 6 months
- Diphtheria, Tetanus, Pertussis (DTap) - 2, 4, 6, 18 months and 5 years
- Haemophilus influenza type B (HiB) - 2, 4, 6, and 12 months
- Pneumococcal (PCV) – 2, 4, 6 and 12 months
- Inactivated Poliovirus (IPV) - 2 and 4 months, 1 and 5 years
- Influenza (recommended) – yearly
- Measles, Mumps, Rubella (MMR) - 1 and 5 years
- Hepatitis A (HepA) – 12 months, 18 months
- Varicella- (recommended) - 12 months, 4 years
- Meningococcal (MCV) – 2 years

******PLEASE ATTACH YOUR CHILD'S IMMUNIZATION RECORD FORM AND HAVE YOUR PHYSICIAN SIGN THIS TRIANGLE GRACE PRESCHOOL FORM******

Physician's Signature _____ Date _____

Office Address _____