



LONDON CITY SCHOOLS

380 ELM STREET • LONDON, OHIO 43140 • TEL: 740-852-5700
• WWW.LONDON.K12.OH.US

HEALTH RECORD

PART A: (To be completed by parent)

Child's Name _____ Male Female

Date of Birth _____ Address _____

Father's Name _____

Mother's Maiden Name _____

Parent's Business Address _____

Home Phone _____ Work Phone _____

Family Physician _____ Physician's Phone _____

Family Physician's Address _____

PART B: (To be completed by physician's office)

IMMUNIZATION RECORD

Vaccine	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DPT					
Polio					
MMR					
Hep B					
HIB					
Varicella					
TB					
Other:					

PHYSICAL RECORD

Height:	Weight	B/P	/P
---------	--------	-----	----

	Normal	Abnormal - (Please explain_
General Health		
General Nutrition		
Eyes		
E.N.T.		
Chest		
Heart		
Lungs		
Abdomen		
Genitalia		
Extremities		
Medications (if any)		
Allergies (if any)		

Physician's Signature: _____ Date: _____