



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 \_\_\_\_\_

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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

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

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_