



Humpty Dumpty Nurseries

MEDICAL QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____

1. HAS YOUR CHILD RECEIVED THE FOLLOWING VACCINATIONS?

- | | | | | | |
|----------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|
| DPT/POLIO (2 months) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DPT/POLIO (18 months) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DPT/POLIO (4 months) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DPT/POLIO (school entry) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DPT/POLIO (6 months) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | BCG | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MEASLES (8 months) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HEPATITIS A | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MMR (15 months) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | HEPATITIS B | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

2. DOES YOUR CHILD HAVE ANY VISION IMPAIRMENTS?

YES Give details, if YES: _____
NO _____

3. DOES YOUR CHILD HAVE ANY HEARING DIFFICULTIES?

YES Give details, if YES: _____
NO _____

4. DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES

YES Give details, if YES: _____
NO _____

5. DOES YOUR CHILD HAVE ANY RESPIRATORY DIFFICULTIES?

YES Give details, if YES: _____
NO _____

6. DOES YOUR CHILD TAKE ANY REGULAR MEDICATION?

YES Give details, if YES: _____
NO _____

7. DOES YOUR CHILD HAVE ANY OTHER HEALTH PROBLEMS?

YES Give details, if YES: _____
NO _____

8. FAMILY DOCTOR INFORMATION

Doctor's name: _____ Clinic/Hospital: _____
Office Number: _____ Mobile No: _____
Health Ins. Co. _____ Health Card No.: _____

9. ADDITIONAL INFORMATION

