

Please fax to  
515-795-2138  
attn: JT

Tiger Tots Child Care Center  
613 W. North  
Madrid, Iowa 50156  
(515) 795-3359

Name: \_\_\_\_\_  
Last First Middle Sex: \_\_\_\_\_

Present Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Diseases	Age	Diseases	Age
Chickenpox	_____	Pneumonia	_____
Whooping Cough	_____	Influenza	_____
Measles	_____	Scarlet Fever	_____
Mumps	_____	Colds- Suceptible? Yes _____ No _____	

Other illnesses and operations \_\_\_\_\_

Immunizations: Please fill out, sign, and return the attached card along with this form.

Date and Results of last Tuberculin Test \_\_\_\_\_

Describe asthma and hay fever conditions and what reactions to look for. \_\_\_\_\_

Describe any allergies including those medications, foods, animals, etc. in detail and what the child's reactions would be if exposed to them. \_\_\_\_\_

Past health history \_\_\_\_\_

Any unusual limitations or restrictions? \_\_\_\_\_

Physical examination: date of most recent \_\_\_\_\_

Status of present health \_\_\_\_\_

Results and recommended by physician \_\_\_\_\_

Signature of attending physician \_\_\_\_\_