

Drexel Hill United Methodist Nursery School
600 Burmont Road
Drexel Hill, PA 19026
610-259-1444
Physical Form

Name of child _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Parents' names _____ Phone _____

Name of Physician _____ Phone _____

In Case of Emergency notify: _____ Phone _____

All children must be vaccinated in order to attend our school.

IMMUNIZATION RECORD (give dates and last doses):

DTaP _____

HEP B _____

PCV13 _____

MMR _____

IPV _____

HIB _____

VARICELLA _____

HEP A _____

Influenza (yearly) _____

ILLNESSES (Please check all which apply):

Hepatitis A ()

Hepatitis B ()

Chicken Pox ()

Measles ()

Rheumatic Fever ()

Mumps ()

Rubella ()

AIDS ()

HIV ()

Covid 19 ()

other _____

Physical impairments (sight, hearing, heart, etc.) _____

Allergies: _____

Special needs, including nervous habits (toileting, eating, etc.) _____

I have examined _____ and in my opinion he/she is in good condition and able to attend nursery school for the 2026/2027 school year.

Physician's Signature _____ Date _____

Physician's Stamp/Seal