

Gummy Bears'

Daycare & Learning Center



HEALTH HISTORY

Illnesses

Please check the illnesses your child has had or currently has:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles | <input type="checkbox"/> Strep Throat |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Fifth's Disease |
| <input type="checkbox"/> Febrile Seizures | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> COVID-19 |

Allergies (food, drug, bees, etc.)

Please list allergy type, symptoms, and treatment required.

Note: you can expand the chart to add additional allergies by pressing tab in the last box.

Allergy	Symptom(s)	Treatment(s)

Immunizations

Please provide a copy of your child's most recent immunization record at the time of enrollment. As your child's shots and immunizations are updated, it is important for you to bring updated copies to keep on file at daycare.

Have you submitted a signed copy of your child's current immunization record?

- ☐ Yes
☐ No

Most Recent Medical Exam

Date:

Clinic:

Doctor(s):