

**TEDDY BEAR CORNER NURSERY/PRESCHOOL
P.O. BOX 173, 34 SPRING STREET
ADAMS, NEW YORK 13605**

CHILD'S NAME _____ PEDIATRICIAN _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO FOODS, MEDICATIONS,
INSECTS, ANIMALS, CHEMICALS, ETC.? _____

ARE THERE ANY SPECIAL CONDITIONS THAT WE SHOULD BE AWARE OF
AND/OR WATCH FOR? _____

OPERATIONS? _____ SERIOUS ILLNESSES? _____

HOSPITALIZATIONS? _____

SPECIAL NEEDS? _____

IMMUNIZATIONS RECORD-WE NEED DATES PLEASE:

DTAP #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

IPOLE (POLIO) #1 _____ #2 _____ #3 _____ #4 _____

HIB #1 _____ #2 _____ #3 _____ #4 _____

HEPATITIS B #1 _____ #2 _____ #3 _____

MMR(MEASLES, MUMPS, RUBELLA)#1 _____ #2 _____

VARICELLA(CHICKENPOX) #1 _____ TINE TEST (PPD) _____

PREVNAR(PNEUMOCOCCAL)#1 _____ #2 _____ #3 _____ #4 _____

HEPATITIS A#1 _____ #2 _____

IS YOUR CHILD RIGHT OR LEFT HANDED? _____

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? _____

PETS? _____ SIBLINGS? _____

ANY SPECIAL FAMILY NEEDS OR SITUATIONS THAT WE SHOULD BE
AWARE OF? _____