



Tucson Community School

preschool & kindergarten
educating children since 1948

2109 E Hedrick Drive, Tucson, AZ 85719
(520) 326-9212 (844)273-2176 fax

Est. 1948

HEALTH RECORD

To be filled out by child's physician
and returned to the office

Child's Name: _____ Date of Birth: _____

Weight: _____ Height: _____ Vision: _____ Nose: _____

Throat: _____ Hearing: _____ Glands: _____ Heart: _____

Lungs: _____ Skin: _____ Feet: _____ Gums/Teeth: _____

Orthopedics: _____ Nervous System: _____

If there are abnormal results for any of the above, list any follow up that is required: _____

Immunization Record (Please fill out or attach record):

Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5th Mo/Day/Yr
DTaP/DTP/DT Diphtheria, Tetanus & Pertussis					
(Td) Tetanus, Diphtheria					
(IPV) Polio					
(MMR) Measles, Mumps, Rubella					
(Hib) Haemophilus Influenzae b					
(PCV7) Pneumococcal Conj					
(Hep A) Hepatitis A					
(Hep B) Hepatitis B					
Varicella					
TB Skin Test (include result)					
Other					
Other					

Childhood diseases? Dates: _____

Recommendations: _____

Doctor's Signature: _____

Date: _____