



# 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: \_\_\_\_\_