

WEE FRIENDS
1865 BEECH STREET
WANTAGH, N.Y. 11793
516783-0600

www.weefriendsnurseryschool.com

CAMP ICONIC
2600 REGENT PLACE
BELLMORE, N.Y. 11710
516 781-8800

www.campiconic.com

Name of Person Being Examined	Date of Birth	Date of Exam
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Include All Dates

DTaP	1 st	2 nd	3 rd	Booster	Booster
IPV	1 st	2 nd	3 rd	Booster	Booster
	1 st	2 nd	3 rd	4 th	
MMR	1 st	2 nd			
VARICELLA (CHICKEN POX)					
Hib (hemophilus influenza type b)					
Hep B or HBV (hepatitis b)					

Other Immunizations

Type	Date
Type	Date
Type	Date

TUBERCULIN TEST	Date	Results
Please specify: Tine _____ Mantoux _____		
If previously mantoux reactive _____ date _____		
Is documented reactive child free of symptoms of TB? Yes _____ No _____		
(Use reverse side if necessary for the following:)		

Medical History (for child under 3 years old)

Growth & Development	<u>PHYSICAL</u> Normal ___ Abnormal ___	<u>MENTAL</u> Normal ___ Abnormal ___	<u>LANGUAGE</u> Normal ___ Abnormal ___	Describe if abnormal
Give Specifics for all Yes Responses at Right:			Specifics:	
YES	NO	Are there any allergies?		
YES	NO	Is medication regularly taken? (If yes, specify drug and condition)		
YES	NO	Is a special diet required? (If yes, specify diet and condition)		
YES	NO	Are there any conditions requiring special conditions by the school/camp?		
YES	NO	Are there any hearing problems? (If tested, specify method and results)		
YES	NO	Are there any vision problems? (If tested, specify method and results)		
TEETH	(Condition)	Other (Please specify)		

Summary of physical exam including special recommendations.

Date of next examination: / /

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that (s)he is free from contagious and communicable disease YES/NO and is physically and mentally able to participate in school/camp YES / NO.

Signature _____ Name & Title of Examiner _____

Address _____ Phone _____ Date _____

(over)

PROCEDURE FOR ADMINISTERING MEDICATION AT SCHOOL/CAMP

Medication can only be dispensed with a physician's standing order. This order must be written on your physician's stationary. All medications must be in the original prescription bottle with direction for administration. Under the direct order of Nassau County Board of Health all schools must have physician's standing order to administer any and all medications.

Please do not send any medication, including children's aspirin or tylenol, unless it is attached with the physician's standing order.

*Children may **not** take any medication on their own.*