



Wendy's Play & Pre-School

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HEALTH HISTORY FORM

No. HLTH 02/13

CHILD'S DETAILS

NAME _____ SURNAME _____

DATE OF BIRTH (d) (m) (y) _____ MALE / FEMALE _____

Please state any children's / contagious diseases that your child has already had and the dates of these illnesses

IMMUNISATION

Please indicate if your child has been immunized against the following and when

POLIO _____
DIPHTHERIA _____
TETANUS _____
WHOOPING COUGH _____
MEASELS _____
MUMPS _____
TUBERCULOSIS _____

**PLEASE ATTACH A
COPY OF THE BIRTH
CERT. & CLINIC
CARD**

CHILD'S FAMILY DOCTOR

NAME _____ TEL NO _____

ADDRESS _____

FILE NO. _____

I, _____, the
Parent/ Guardian of _____ give
(Child's name and surname)
permission for Doctor _____, tel no. _____
to be called out if necessary.

Name, address & tel no. of **Child's dentist** _____

SIGNED _____ DATE _____