



(PRE-SCHOOL)

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HEALTH RECORD

(Write In Block Letters)

Child's Full Name;.....

Date of Birth:.....

Weight at Birth.....Present Weight.....

Name and Address of Family Doctor:.....

.....

RECORD OF IMMUNIZATION

Date:

Anti-tuberculosis(BCG).....

Poliomyelitis(i).....

(ii).....

(iii).....

Whooping Cough, Tetanus and Diphtheria

(i).....

(ii).....

(iii).....

Measles.....

Other (Please Specify).....

Does your child have any special needs Yes / No

If yes, provide details.....

.....

RECORD OF ILLNESS

Please Tick

Asthma Yes / No

Chicken Pox Yes / No

Convulsion Yes / No

Skin Infection Yes / No

Mumps Yes / No

Typhoid Fever Yes / No

Tuberculosis Yes / No

Whooping Cough Yes / No

Measles Yes / No

Sickle Cell Yes / No