

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

### Physician Statement

This form must be completed, signed and dated by your child's physician.

<u>Age</u>	<u>Vaccine</u>	<u>Date</u>
2 months	#1 DPT/DTaP	_____
4 months	#2 DPT/DTaP	_____
6 months	#3 DPT/DTaP	_____
15-18 months	#4 DPT/DTaP	_____
After 4 <sup>th</sup> birthday	#5 DPT/DTaP	_____
2 months	#1 Polio	_____
4 months	#2 Polio	_____
6-18 months	#3 Polio	_____
After 4 <sup>th</sup> birthday	#4 Polio	_____
12 months	#1 Hep A	_____
18 months	#2 Hep A	_____
Birth	#1 Hep B	_____
2 months	#2 Hep B	_____
6-18 months	#3 Hep B	_____
12-15 months	#1 MMR	_____
After 4 <sup>th</sup> birthday	#2 MMR	_____
12-15 months	#1 Varicella	_____
After 4 <sup>th</sup> birthday	#2 Varicella	_____
2 months	#1 Hib	_____
4 months	#2 Hib	_____
6 months	#3 Hib	_____
12-15 months	#4 Hib	_____
2 months	#1 PCV	_____
4 months	#2 PCV	_____
6 months	#3 PCV	_____
12-15 months	#4 PCV	_____

<u>Illness</u>	<u>Date</u>
Chicken Pox	_____
Measles	_____
Mumps	_____

#### Hearing & Vision

Hearing	_____
Pass ( )	Rescreen ( ) _____
Vision	_____
Pass ( )	Rescreen ( ) _____

\*\*These tests are required annually for children 4 years old.

#### Special Problems

Please list any allergies and/or special Conditions/needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

\*\* By the time your child is 4 years old, all blanks for dates of immunizations should be filled in and complete.

I hereby certify that \_\_\_\_\_ has been examined by me  
 (Child's Full Name)  
 on \_\_\_\_\_, and is physically and mentally capable of participating in the activities at  
 The School for Little Children.

Doctor's examination visit must have been completed in the last six months before the child registers at the school.

Physician's Name or Stamp (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

\_\_\_\_\_ Copy of medical insurance card received

Please do not make corrections to this document with white out.