

Health Form

In accordance with New York State Law, all children entering school are required to have 1) A PHYSICAL EXAMINATION and 2) SHOW PROOF OF IMMUNIZATION. This proof must be submitted to the school PRIOR TO OR ON THE FIRST DAY OF ATTENDANCE. This form must be completed and signed by your child's physician and DATED NO MORE THAN SIXTY DAYS PRIOR to the start of school. If your physician's office generates its own form, you may attach it to this form—be sure it is signed, dated and includes all the information below.

_____ was examined on _____

(Child's name) (Date of Birth)

(Date of exam)

_____ and was found to be in good general health and able to participate in all activities.

(Check)

Please list any exclusions/medical problems:

Please list any ALLERGIES, including food & drug allergies, reactions to insect bites etc.:

VISION: R_____ L_____ HEARING: R_____ L_____ LEAD:_____

IMMUNIZATION HISTORY: Fill in dates (Month/Day/Year)

DTaP _____

HIB _____

Hep B _____

MMR _____

IPV/OPV _____

VARIVAX _____

PREVNAR _____

PHYSICIAN'S INFO: Name _____

Address _____

Phone _____

DOCTOR'S SIGNATURE _____ DATE _____