

APPLICATION FOR ADMISSION

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Child's Name: Last

HEALTH STATEMENT

This form MUST be properly and fully completed and on file in the Preschool office before the child may begin attending classes.

_____ has been examined by a licensed physician within the past year, or has been examined in a clinic or health program. The child is physically able to take part in the preschool program.

Physician's Signature: _____ Date _____

Printed Name and Address of Physician: _____

First

IMMUNIZATIONS

A signed copy of immunization records may replace the form below.

Vaccine	Dates Given							
Hepatitis B								
Rotavirus								
Diphtheria, Tetanus, Pertussis								
Haemophilus								
Influenza type B								
Pneumococcal								
Inactivated Poliovirus								
Measles, Mumps, Rubella								
Varicella								
Hepatitis A								
Meningococcal								
Influenza								

Physicians Signature: _____ Date: _____