



## CERTIFICATE OF HEALTH

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

The child's shot records are presently on file and up-to-date: YES NO (Please circle one)

Dates: (Or attach copy of immunizations.)

DTP \_\_\_\_\_ MMR \_\_\_\_\_

POLIO \_\_\_\_\_ TB \_\_\_\_\_

HIB \_\_\_\_\_ VARIVAX \_\_\_\_\_

HEP \_\_\_\_\_

This child has been accepted to enter Meadowlake Preschool. This school provides programs that last three hours either two, three or four days a week. The daily activities include vigorous outdoor play and indoor activity centers. Please provide a report on this child using this color coded form. ***It is implied that you, the doctor, have actually examined the child within the last year.***

1. List any illnesses, injuries, or behavioral difficulties, or learning disabilities the child has or has had. \_\_\_\_\_
2. Has the child ever required hospitalization? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. List allergies the child has (food, insect stings, medicines, pollens) \_\_\_\_\_  
\_\_\_\_\_
4. List any condition or health problem for which the child is currently receiving medical care.  
\_\_\_\_\_
5. Has the child ever had an evaluation at a developmental evaluation center by a psychologist or other health specialist? If yes, list the type of evaluation and age at the time. \_\_\_\_\_  
\_\_\_\_\_
6. Unless indicated, this child has not been tested for HIV virus. \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone # \_\_\_\_\_

(Please Print)

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_