



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:

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 _____
