

HEALTH REQUIREMENTS

Name of Child:		Date of Birth:			
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DPT / DTaP					
POLIO					
MEASLES: Vaccine-Rubeola					
MUMPS: Vaccine					
RUBELLA: Vaccine					
H.I.B.					
Hep B (effective 8/1/98)					
T.B. TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		

Signature - Physician or Health Personnel _____ Date _____ Signature - Staff Making Handwritten Copy of Record _____ Date _____

ADMISSION REQUIREMENT: One of the following must be presented when your preschool age child is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

_____ Physician's Signature _____ Date _____

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic.

If you do not have any of the above:

PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program:

Name and address of Physician OR address of EPSDT Screening Site:

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

OR

My child has an appointment for a physical examination:

Date: _____ Name and Address of Physician OR Address of EPSDT Screening Site: _____

I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.

_____ Signature - Parent or Legal Guardian _____ Date _____

NOTE: If medical diagnosis and treatment and / or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.