



### MEDICAL RECORDS AND IMMUNIZATIONS

In accordance with New York State Law, all children entering school are required to have 1) A PHYSICAL EXAMINATION and 2) SHOW PROOF OF UP-TO-DATE immunizations. You shall take any and all action necessary and/or required to ensure that the child has fully and timely met and is in full compliance with any and all immunization requirements for school entrance/attendance of the State of New York (and any and all other governing bodies and/or entities having jurisdiction of and over the School). This proof must be submitted to the school PRIOR TO THE FIRST DAY OF ATTENDANCE. This form must be completed and signed by your child's physician. 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 \_\_\_\_\_