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## 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 IMMUNIZATION. You shall take any and all action necessary and/or required to ensure that your 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 over the School). This proof must be submitted upon request and prior to your child starting school. 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, Name Address and Phone:

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

