

Medical Examination Report

I. Identifying Information

(Child's Name)

(Birthday)

II. Current State of Health

I have examined the above-named child and verify that this child's medical history and current state of health _____ Are _____ Are Not, satisfactory for participation in a child care program.

Does this child require any specialized care? _____ Yes _____ No

If yes, please explain in section IV.

III. Immunization History

Our records indicate that this child has the following immunizations:

Immunization	Dates Given					
	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5	Dose #6
DPT/DT/DTAP	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____		
Hepatitis B	_____	_____	_____			
MMR/MR	_____	_____				
Varicella Vaccine	_____					

IV. Comments/Recommendations

(Special Diets, Allergies, Ear Infections, Convulsions, Diabetes, Emotional Problems)

Signature of Physician or registered Nurse
nurse under the supervision of physician

Physician's or Nurse's name (please print)

If nurse supervised, indicate name of physician

Address

Name of Clinic, Group Practice or other

Phone Number

Date