



Preadmission Immunization Record and Health Examination

Date: _____

Student's Name _____ Date of Birth _____ Sex M ___ F ___

Height _____ Weight _____

VACCINE	MONTH/DAY/YEAR ADMINISTERED				
DTP <i>Diphtheria, Tetanus, Pertussis</i>					
IPV <i>Inactivated Poliovirus</i>					
MMR <i>Measles, Mumps, Rubella (second dose required before entry to school).</i>					
Hib <i>Haemophilus influenzae type b conjugate vaccine</i>					
Hep B <i>Hepatitis B Vaccine (recommended)</i>					
Varicella <i>Chickenpox</i>					
PCV <i>Pneumococcal vaccine</i>					

Tuberculin skin test: Date: _____ Results _____

Lead screening test: Date: _____ Rescreening required: Yes: ___ No: ___
Date of re-screening _____

Lead test must be performed prior to the child's entry into child care for children between 9 months and 36 months of age..

Health examination: Date: _____

Results _____

Does the child have any conditions or limitations, which a caregiver should be aware of, such as allergies, seizures, etc.?
Yes ___ No ___

Please Specify: _____

Date: _____ Signature of Physician: _____

For School Age Only:

Current School: _____ School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Initials: _____