

St. Michael's Lutheran Preschool

6379 Wolcottsville Road Akron, NY 14001
716 604 5173

Medical Statement of Child in Childcare/Preschool

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Yes No Attach certification specifying the exempt immunization(s).

	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
DPT / DT					
Polio					
Hib (conjugate preferred)					
Pneumococcal (PCV 7)					
Hepatitis B					
MMR					
Varicella/Chicken Pox					

Health Specifics

Comments

Are there allergies? (Specify)	Yes	No	
Is medication regularly taken? (Specify drug and condition)	Yes	No	
Is a special diet required? (Specify diet and condition)	Yes	No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes	No	
Are there any medical or developmental conditions requiring special attention?	Yes	No	

Summary of Physical Exam: Include any special recommendations for Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate at St. Michael's Lutheran Preschool. Yes No

Signature of Examiner

Address

Please Print Name

Address (Cont)

Title

Phone

Date