



**HEALTH CERTIFICATION  
FOR ECC, KINDERGARTEN, AND NEW STUDENTS**

Please note that this form must be submitted with the Application for Admission, and, for other students, in the school office with immunizations up-to-date no later than 2 weeks before the first day of attendance.

**To Be Completed by Parent:**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

**To Be Completed by Physician:**

1. Immunization Record (indicate month/day/year) - **As required by law, please note that no child will be allowed to attend school unless immunizations are up-to-date per the chart that follows.**

	1	2	3	Booster	Booster
DTaP					
Tdap					
Polio					
MMR (Measles/Rubella/Mumps)					
Varicella					
Hib					
Hepatitis B					
Pneumococcal					
Meningococcal					
Influenza					
TB Mantoux (Date) _____ Results _____					

2. Physical Examination Vision: R \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_ ENT \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin & Scalp \_\_\_\_\_

Required Daily Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Remarks or recommendations affecting health (ex. asthma, diabetes, etc.), serious operations, or injuries

\_\_\_\_\_

Physician's Name, Address, Phone (Stamp)

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_