



## Child's Medical Report

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In addition to a medical report of medical screening, a Certificate of Immunization is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: \_\_\_\_\_

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I examined this child on (date) \_\_\_\_\_. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

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Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date \_\_\_\_\_