

Health and Immunization Record

- This form is to be **completed and signed by your child's physician.**
- Forms from your child's physician's portal are acceptable ONLY if all the questions on this form are answered fully.
- **An up to date record of immunization must accompany this form.**
*Please note: New York State Public Health Law, section 2164 mandates that all schools shall not permit a child to be admitted unless the parent or guardian provides the school with an up to date certificate of immunizations. *Religious exemptions are no longer acceptable in New York State.*

Child's name _____

Address _____

Male / Female Birth date: ____/____/____

Date of last examination _____ Height _____ Weight _____ BMI _____

Is there any condition requiring special attention by the school? Yes No
If Yes, please be specific _____

Do you consider the child physically capable of participating fully in all preschool activities? Yes No If No, please detail all restrictions completely _____

Does the child have any of the following?

Food allergies: Yes No If Yes, please specify the problem clearly _____

Other allergies: Yes No If Yes, please specify the problem clearly _____

Sight impairment: Yes No If Yes, please specify the problem clearly _____

Hearing impairment: Yes No If Yes, please specify the problem clearly _____

Asthma: Yes No If Yes, please specify the problem clearly _____

Any Medication Taken Regularly: Yes No If Yes, medication name and what is it taken for _____

Any Chronic Diseases: Yes No If Yes, please specify clearly _____

Print, type or stamp healthcare providers name

Healthcare Provider's Signature

Date