



Admission Requirement

Child's Name _____ Date of Birth _____

Admission Requirement: One of the following must be presented each school year to the day care facility within one week of admission. Check to indicate the option you select.

_____ Doctor's Statement: I have examined the above named child within 12 month's from the child's starting school date and find that he/she is physically able to take part in the day care program.

Physician's Signature

Date

_____ A copy of medical screening form of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program if no referral for further diagnosis and treatment is indicated.

_____ A form or written statement from a health service or clinic.

Immunization Information

Please fill in dates shots were administered.

Name of Child				Date of Birth	
Immunizations	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DPT /Dtap					
Polio					
MMR					
H.I.B.					
Hep B					
Hep A					
Pneumococcal					
Varivax					
Signature - Physician or Health Personnel			Date		
Signature -- Staff Making Handwritten			Date		Copy of Record