

GARDEN CITY NURSERY SCHOOL HEALTH AND IMMUNIZATION RECORD

CHILD'S NAME: _____
 ADDRESS: _____
 PARENT'S NAMES: _____

DATE OF BIRTH: ____/____/____
 SEX: _____
 TELEPHONE: _____

GROUP NAME _____

A Physical exam shall not be more than 12 months old at the beginning of the school year. Therefore in September 2018, Physical Exams dated after September 2017 will be acceptable to meet this requirement.

Health Specifics

If Yes, please provide additional information

Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication Taken Regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Diet Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication Taken Regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Date of Physical Exam _____

Date of most recent Vision Screening _____ Findings _____

Date of most recent Hearing Screening _____ Findings _____

HEIGHT: _____ WEIGHT: _____ BMI: _____ BMI %: _____

Summary of Physical Exam – Include special recommendations for nursery school

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 in nursery school.

Physician's Signature: _____ **Date:** _____

Please Print Name: _____

Address: _____

Immunization report on below – Any new student must submit proof of immunizations BY FIRST DAY OF SCHOOL.

IMMUNIZATIONS

New York Public Health Law 2164 requires all children entering and attending a preschool program to demonstrate proof of immunity against diphtheria, polio, measles, mumps, rubella, and haemophilus influenza type b (Hib), varicella (for children born on or after 1/1/2000), pneumococcal (for children born on or after 1/1/08).

STUDENTS WILL NOT BE ADMITTED TO SCHOOL IF IMMUNIZATION REQUIREMENTS ARE NOT MET UNLESS A RELIGIOUS OR MEDICAL EXEMPTION HAS BEEN PROVIDED.

CHILD'S NAME: _____ **DOB:** _____

VACCINE	Date of Administration				
	1st dose	2nd dose	3rd dose	4th dose (Booster)	Booster
DPT/DT					
Polio					
HIB					
Hepatitis B					
(Measles-Mumps-Rubella) (MMR)					
(Varicella) Varivax					
Pneumococcal					

Tests

Tuberculin Test Date: _____ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: _____ Results: _____ Attach lead level statement _____
 Hemoglobin/Hematocrit Date: _____ Results: _____

Religious Exemptions

In accordance with Public Health Law, the sincere religious beliefs of the child's parents prohibit immunization. Do you wish to exercise those rights? Yes No

Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak. The child may return only upon approval of the local county health department.

 Signature of parent or person legally responsible

 Date

Certification from Physician:

Physician's Signature: _____ Date: ____/____/____