

## MEDICAL STATEMENT

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

### RECORD OF IMMUNIZATIONS

	1st	2nd	3rd	4th	5th
DPT					
POLIO					
MMR					
Hib					
Hepatitis B				PCV7	Date:
Hepatitis A				Varicella	Date:

Tuberculin Skin Test Date \_\_\_\_\_ Results \_\_\_\_\_

GRADE	EAR	500	1000	2000	4000	REMARKS
	RIGHT					
	LEFT					

Grade	Right Eye	Left Eye	Remarks
	20/	20/	

### Acanthosis Nigricans Screening (1<sup>st</sup> & 3<sup>rd</sup> Graders only)

Date \_\_\_\_\_ Results \_\_\_\_\_

Any special problems or needs (include allergies, illnesses, previous illnesses or injuries, previous hospitalizations during the past twelve (12) months, medications, etc.) Attach an additional sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above named child has been examined by me within the past twelve (12) months and is physically able to participate in a school program.

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