

Although this form duplicated information found on immunization certificates, it is required by the State of Alabama Department of Human Resources for Church Run Schools/daycares. It is to be signed by a doctor or his/her designee, returned to school, and placed in your child's file folder before the first day of school.

DHR-DFC-624
(Rev. 7/88)

CHILD'S MEDICAL REPORT - DAY CARE

Child's Name _____ Date of Birth _____

Parent's or Guardian's Name _____

Address _____ Telephone No. _____

Attach Certificate of Immunization (blue slip) for children age 4 years and older. If blue slip is not available or if children are 3 years and under, complete the section 1 below.

Section 1

IMMUNIZATIONS:

Type of Immunizations	Number Given as of Date of This Examination
DTP or DT (Diphtheria, Tetanus Toxoids and Pertussis)	_____
Polio (OPV: oral polio virus)	_____
MMR (measles, mumps, rubella)	_____
HbPV (Hemophilus b Polysaccharide Vaccine)	_____

Immunizations are up to date for age of child: Yes ____ No ____

Laboratory and other testing (if indicated): Yes ____ No ____

Section 2

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below.

Date

Physician's Signatures