



**Kids Cove Preschool at North Shore United Methodist Church
Physician Statement
& Health/Immunization Records**

This is a 2-part form. This form must be completed and turned into the office prior to your child's first day of attendance at the center. If this form is not signed by a health care professional, your child will be unable to remain at the center. It is a State requirement that a health care professional's signature acknowledging good health be signed and dated within the last 12 months.

THIS FORM MUST BE TURNED IN BEFORE YOUR CHILD CAN BEGIN ATTENDANCE AT NORTH SHORE!

CHILD'S NAME: _____ SEX: _____

ADDRESS: _____ City _____ Zip _____

MOTHERS NAME: _____ FATHER'S NAME _____

PHYSICIAN NAME: _____ PHONE NUMBER: _____

(1) (Please list full date-month/day/year-for each immunization below)

Immunization	Date/dose 1	Date/dose 2	Date/dose 3	Date/booster	Date/booster
Hepatitis B					
DTP/DTap/Dt					
Hib					
Polio:IPV/PCV					
MMR					
Varicella					
PCV					
Hepatitis A					
Other					
Influenza					

(2) I have examined the above named child in the past year and have found him/her to be physically fit to attend North Shore Child Care.

Physician/Health Care Professional Signature (Required)

**Date of Last Examination
(must be in the last 12 months)**

Vision	R20/ _____		L20/ _____		Pass _____ Fail _____
Signature _____			Date _____		
Hearing	1000 Hz	2000Hz	4000Hz		Passed _____ Failed _____
Signature _____			Date _____		