



**Garber Preschool
Statement of Child's Health**

Child's Name _____

Date of Birth _____

Immunization Record:

DTP: _____

Polio: _____

MMR: _____

HBV: _____

Hib: _____

Chicken Pox: _____

Diseases child has experienced: _____

Specialized Services, Therapies or Evaluations (Medical, Developmental or
Psychological): _____

Known Allergies: _____

.....
I examined _____ on _____ and found
Child's name *date*
the child to be free from infectious and contagious disease and current on all
necessary immunizations. I noted the following medical history and/or conditions
which may affect the child's participation in the preschool program:

Physician's Name _____

_____ date _____