Montgomery Montessori School

Medical Report of Child in School

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name	Date of Birth / /	Date of Exam / /	Blood Type

IMMUNIZATIONS

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization(s) and complete and sign medical exemption statement on page 2 of form.

Include All Dates					
DTaP	1st / /	2nd / /	3rd / /	4th / /	5th / /
Polio (IPV)	1st / /	2nd / /	3rd / /	4th / /	Booster / /
Hib	1st / /	2nd / /	3rd / /	4th / /	
Pneumococcal (PCV)	1st / /	2nd / /	3rd / /	4th / /	
Rotavirus	1st / /	2nd / /	3rd / /		
Hepatitis B (HepB)	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			
Varicella	1st / /	2nd / /			
Hepatitis A (HepA)	1st / /	2nd / /			

Other Immunizations	
Type	Date / /
Type	Date / /
Type	Date / /

BLOOD TYPE

TESTS

Tuberculin Test

_____/_____/_____ Date	Pos ☐ Neg ☐ Results	Tine ☐ Mantoux ☐ Specify

If positive, attach physician's statement documenting treatment and follow-up.

Lead Screening

Attach statement of lead screening.	_____/_____/_____ Date

HEALTH SPECIFICS

COMMENTS:

☐ Yes ☐ No	Are there allergies? (Specify)	
☐ Yes ☐ No	Is medication regularly taken? (Specify drug and condition)	
☐ Yes ☐ No	Is a special diet required? (Specify diet and condition)	
☐ Yes ☐ No	Are there any hearing, visual or dental conditions requiring special attention?	
☐ Yes ☐ No	Are there any medical or developmental conditions requiring special attention?	

SUMMARY OF PHYSICAL EXAM (including special recommendations to Child Care Provider)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease ☐ ***Yes*** ☐ ***No and is able to participate in day care*** ☐ ***Yes*** ☐ ***No***

Signature of Examiner

Address

Name (please print)

City, State, Zip

Title

(_____) _____ Phone

____/____/_____ Date

136 Clinton street, Montgomery, NY 12549 ▪ (845) 401-9232Phone/Fax ▪ http://montgomeryms.com

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Medical Exemptions

The physical condition of the above named child is such that immunization would endanger life or health.
_____/_____/_____ Date

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.
X_____ _____/_____/_____ Signature of Parent or Person Legally Responsible Date