Mornings With Jesus Catholic Early Education

A Ministry of St. Paul Catholic Church
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HEALTH REQUIREMENTS

Child's Name_____ Date of Birth___/___/_____
First Last

Record of Immunizations_____Date_____

Signature of Physician or Health Personnel

Immunization	Date Dose 1	Date Dose 2	Date Dose 3	Date Booster 1	Date Booster 2
DTP/TP					
HIB					
OPV					
MMR					
Varicella					
Hep B					
Hep A					
PCV 7					
Other					

Doctor's Statement

I, _____ have examined the above names child within the past 12 months and find that he/she is physically able to take part in a child care program.

Date of vision/hearing screening (ages 4 and up)_____

X _____

Signature of physician Date