

Sunbeams Nursery School

253 Myers Corners Road
Wappingers Falls, NY 12590
845-297-3408



Medical Form for

Child's Name: _____ Today's Date: _____

Address: _____

Birth Date: _____

Immunization Record

DTAP { _____

Polio - OPV/IPV { _____

Hep B { _____

Lead Screening _____
Date

Date of most recent exam _____

Any known allergies _____

Does this child require any special attention, medication, or routines that may have to be taken into consideration in planning?

Are there any limitations necessary at school? _____

Do you have any other information about this child that would be helpful to the school staff? _____

Upon examination, I find this child to be in good physical health and able to participate in nursery schools activities.

Signature of Physician: _____ Date: _____

Measles } _____
Rubella } _____
Mumps } _____

PCV { _____

HIB { _____

Varicella (VZV) _____

Lead materials given to parent _____
Date

Has your child had chicken pox? _____