



### Physician's Statement

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

*I have examined the above child within the past year and find that he/she is able to take part in the preschool program.*  
 Health Care Professional Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Age Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19=23 mo	2=3 yrs	4=6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus Influenzae type B											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningocccal											

TB Test (if required) *please circle*      Positive      Negative      Date \_\_\_\_\_

Signature or Stamp of a physician or public health personnel verifying immunization information above.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If you child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete ONLY if Applicable**  
 I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_