

Documentation of Immunizations

Kids' Day Out Program/Summer with Jesus

NAME: _____ **Date of Birth:** _____ **Gender:** M/F

Health Examination:

Date of most recent physical examination: _____
 (A new examination need not be done for entrance to school)

Immunizations: (record month/day/year) **OR** (attach copy of immunization record here)

Diphtheria, Tetanus	_____	_____	_____	_____	_____
Pertussis, (DTP)					age 4-6
H. Influenza type b (Hib)	_____	_____	_____	_____	
Polio	_____	_____	_____	_____	age 4-6
Measles, Mumps, Rubella (MMR)	_____	_____	_____	_____	age 4-6
Hepatitis B	_____	_____	_____	_____	
Varicella	_____	_____	_____	_____	
Covid	_____	_____	_____	_____	

TEST **DATE** **RESULTS**

- Tuberculin Skin or chest x-ray _____
- Other (specify) _____

MEDICAL HISTORY

- Chicken Pox (year): _____ T.B./T.B. Contact (year): _____
- Recent Hospitalizations: _____
- Other: _____

PHYSICAL LIMITATIONS, SPECIAL NEEDS OR DISABILITIES

- Allergies (list) _____
- Routine Medications: _____
- Dietary Restrictions: _____
- Disabilities (specify): _____
- Other: _____

Parent's Signature _____ **Date** _____