



JCC OF THE GREATER FIVE TOWNS
 EARLY CHILDHOOD CENTER
 TEMPLE ISRAEL
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MEDICAL HEALTH REPORT

2009-2010

CHILD'S NAME _____ DOB _____ DATE OF EXAM _____

IMMUNIZATIONS & DATES

MMR 1. _____ 2. _____
 DPT 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 OPV 1. _____ 2. _____ 3. _____ 4. _____
 HIB 1. _____ 2. _____ 3. _____ 4. _____
 HB 1. _____ 2. _____ 3. _____ 4. _____
 VARICELLA 1. _____ 2. _____

OTHER TYPE _____ DATE(S) _____ LEAD SCREENING DATE _____
 TYPE _____ DATE(S) _____ **(attach statement of lead screening)**

TESTS

TUBERCULIN DATE _____ RESULTS: POS NEG TINE MANTOUX
 If positive, attach physician's statement documenting treatment and follow-up.

HEALTH SPECIFICS

- YES NO Are there any allergies? (Specify) _____
- YES NO Is an EPI pen required? _____
- YES NO Is medication taken regularly?
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 Day Care Provider)

THE NASSAU COUNTY BOARD OF HEALTH AND NYS OFFICE OF CHILDREN AND FAMILY SERVICES REQUIRES THAT ALL CHILDREN HAVE AN UP-TO-DATE MEDICAL ON FILE. YOUR CHILD WILL NOT BE PERMITTED TO START SCHOOL WITHOUT THIS FORM. THIS FORM MUST BE SIGNED AND DATED BY YOUR PHYSICIAN.

On the basis of my findings as indicated above 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 and Title (please print)

 City, State, Zip

MEDICAL EXEMPTIONS

The physical condition of the above named child is such that immunization would endanger life or health.
 Physician's Signature: _____ Date: _____