

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information. *

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY
Hepatitis B (HepB)	1 2	Hepatitis A (HepA)	1 2
DTap/DTP/DT/Td	1 2 3	Influenza (IV/LAV)	1 2
Tdap	1	Meningococcal (MCV4 / MPSV4)	1
Haemophilus Influenzae Type b (HIB)	1 2	Human Papillomavirus (HPV9/HPV4/HPV2)	1 2
Polio (IPV/OPV)	1 2	OTHER Vaccines Specify Date & Type	Type of Vaccine(s) Date of Vaccine(s)
Pneumococcal Conjugate (PCV7/PCV13)	1 2		1 2 3
Rotavirus (RV1/RV5)	1 2		
Measles, Mumps, Rubella (MMR)	1		
Varicella (Chickenpox)	1		

History of Chickenpox Disease? Yes No. If yes, date: _____

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature

Title

Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

98 99 Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: _____

Should the child's activity be restricted because of any physical defect or illness?
If yes, check and explain degree of restriction(s): Classroom Playground Gymnasium Swimming Pool Competitive Sports Other _____

Other Recommendations _____

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

Dentist's Signature _____ Date _____

PHYSICIAN'S SIGNATURE

Examiner's Signature _____ Date _____ Degree or License _____

Number & Street _____ City _____ MI _____ ZIP Code _____ Telephone _____

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status
Child Care Licensing - Physical Exam, Restrictions, Immunizations
Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

 Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.