

Child's Medical Report

(This form may be used for household members younger than 19 years of age)

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____ Telephone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

Date