

HEALTH CERTIFICATE
(to be filled in by child's physician)

THE LITTLE SCHOOL
2216 METAIRIE ROAD
METAIRIE, LOUISIANA 70001
504-835-9964 Fax 504-835-9868

Date: _____

Child's Name: _____

Date of Birth: _____

Doctor's Name: _____

List any serious illness, operations, or accidents since birth: _____

Is there any acute or chronic disease in the family? _____

Is there anything unusual about the physical, emotional, or mental condition of the child that the teacher should know? _____

Was the child premature? _____

Significant findings as to:

Heart

Ears:

Nose and Throat

Eyes

Congenital Abnormalities

Unusual susceptibility to infections: Skin and/or respiratory _____

Allergies – Please describe in detail (use the back if needed): Is reaction violent or mild, or immediate or delayed? _____

Is the child generally in good health? _____

Is there any reason why he cannot be expected to participate in the normal school activities?

Communicable diseases child has had and date of occurrences:

CHILD'S NAME _____ Whooping Cough _____
 Chicken Pox _____ Mumps _____ Scarlet Fever _____
 Red Measles _____ 3-Day Measles _____ Other _____

STATE OF LOUISIANA
 CHILD CARE-PRESCHOOL
 CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE _____
 mo/day/yr
 (Enter the date that the next immunization is due)
 This record is invalid without a proper expiration date.

VACCINE	MONTH, DAY, AND YEAR EACH DOSE WAS GIVEN				
	first	second	third	fourth	fifth
DTP / DtaP / DT					
OPV / IPV					
HIB					
MMR					
HBV					
Rota Virus					
Varicella					
PCV7					

NOTE: I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana, Department of Health and Hospitals, Office of Public Health until the date above.

DOCTOR'S SIGNATURE: _____

DOCTOR'S NAME PRINTED: _____

DOCTOR'S TELEPHONE NUMBER: _____ ADDRESS: _____

PLEASE NOTE: THIS FORM MUST BE PRESENTED ON OR BEFORE THE FIRST DAY OF SCHOOL FOR A CHILD TO BE ADMITTED.