

| Dear Physician: | | | | | | | |
|--|---|--|--|--|--|--|--|
| is enrolled in a | an early childhood program licensed by the Department o | | | | | | |
| | Education and Care's regulations require at the time of | | | | | | |
| admission and written statement from a physician as evidence of each child's annual physical examination immunizations and lead screening in accordance with Department of Public Health's recommended schedul | | | | | | | |
| | | | | | | | |
| was examined and must be renewed annually therea | after | | | | | | |
| and the control of th | mer. | | | | | | |
| IDENTIFICATION | | | | | | | |
| Name of Child: | Date of Birth: | | | | | | |
| Address: | Phone: | | | | | | |
| Name of Parents: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Date of Examination of Child: | | | | | | | |
| What is your opinion concerning the child's general h | nealth and appearance: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Has this child been screened for lead poisoning? | If Yes, date screened: | | | | | | |
| Does this child have any disabilities or chronic medical | al problems (allergies, limited vision, etc.) which require | | | | | | |
| special consideration or care by the child care provid | er? If so, please detail helow: | | | | | | |
| | o. v. n. 55, preuse detail below. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Physician's Signature: | Date: | | | | | | |
| , | Date: | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |

Please return to: Giving Tree School, 3 Wood Avenue, Gill, MA 01354

CERTIFICATE OF IMMUNIZATION

Name: Date of Birth: / / Sex: M F

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

| Vaccine | | Date/Vaccine Type | Vaccine | | Date/Vaccine Type |
|---|---|---|--|---|--|
| Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB) | 1 | | Rotavirus | 1 | |
| | 2 | nd kahamat kengantun di sejah di dikebahan penjada meniman penjambikan punca di penangan di penangan di penjam Penjambikan | | 2 | |
| | 3 | | - | 3 | |
| | 4 | | Measles, Mumps, | 1 | |
| Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap) | 1 | | Rubella (MMR, MMRV) | 2 | |
| | 2 | | Varicella | 1 | والمرابعة والمرا |
| | 3 | | (Var, MMRV) | 2 | garagan - Amin'ny dia mangananjara dia dia mangana dia paolitra ny fivondrona dia mangana dia dia mangana dia m |
| | 4 | ateriaria de april de contrata de aposto de la proposición de la competito de la competito de la competito de a | Meningococcal | 1 | |
| | 5 | er viden sich wit der des gegen der der geste von der | Conjugate (MCV4) or Polysaccharide (MPSV4) | 2 | |
| | 6 | | Influenza Inactivated (Intramuscular) or Live (Intranasal) | 1 | del participament de programa de la consensa de prinça de participa de programa de desenva de la frança de programa |
| | 7 | | | 2 | |
| Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib) | 1 | n 4, American en | | 3 | ende obsektion kompanyd gamma achigai ha armodologi muse ammon monodologi monogonologi i gamponologi i gampono |
| | 2 | | | 4 | antengalisa aran melekinyi tengan benyingin pada menindanta satuk pilanda melekin dapan dianpat nyi tengan benyi disamb |
| | 3 | | | 5 | |
| | 4 | | | 6 | |
| Polio (e.g., IPV, DTaP-HepB-IPV) | 1 | | Pneumococcal | 1 | ka dalam dan menganyan di kepamakan di mulyani yamatan di kalam sebaban dalam dan yanda dalam daji gawan ya Masan di Masan da |
| | 2 | | Polysaccharide (PPV23) | 2 | the second section of the second section secti |
| | 3 | | Hepatitis A | 1 | ny majatoni kananda na sistemban ny masiana dikembakan kanggi bennyu pelakan magisan takan mananda ng kana |
| | 4 | nere dan metalah dalam dan dan perjampan dan dan mengalam dan perjampan dan dan perjampan dan dan perjampan da T | (HepA, HepA-HepB) | 2 | taren kirantapapan kermunin kalaba mintapada mentanah anggan bahan kalamatan dan dalam kalamatan dan dan dan d |
| | 5 | militaria mentendra mentendra de de entreta mentendra per proposa de la proposa de la proposa de la proposa de | Human | 1 | |
| Pneumococcal Conjugate (PCV7) | 1 | | Papillomavirus (HPV) | 2 | teratur genetiti izi ushirila asa Auglapa muqasatur ingili atigapun da liqabus qata muqaali |
| | 2 | antagaan oo ka aanaa ka ahaa ahaa ahaa ahaa ahaa ay ah aga ka gabaa ga ahaa ahaa ahaa ahaa ahaa ahaa | , , , | 3 | |
| | 3 | | Other: | | |
| | 4 | makan mutungan ang mananan ang pipina na maganan mutungan ang panganang kalaman ang pananangan kal | | | |

| Serologic Pro | erologic Proof of Immunity | | k One | Chickenpox History | | |
|------------------------|----------------------------|-----------------|----------|--|--|--|
| Test (if done) Measles | Date of Test | Positive | Negative | Check the box if this person has a physician-certified reliable history of chickenpox. | | |
| Mumps | 1 1 | | | Reliable history may be based on: | | |
| Rubella | 1 1 | | | physician interpretation of parent/guardian description of chickenpo | | |
| Varicella* | 1 1 | | | physical diagnosis of chickenpox, or | | |
| Hepatitis B | 1 1 | | | serologic proof of immunity | | |
| * Mus | t also check Chicken | oox History box | | | | |

I certify that this immunization information was transferred from the above-named individual's medical records.

| Doctor or nurse's name (please print): | Date: | 1 | 1 |
|--|-------|---|---|
| Signature: | | | |
| Facility name: | | | |

Certificate of Immunization