Matthew Presbyterian Church

Child Development Center

P.O. Box 1860

Matthews, NC 28106

cdcdirector@matthewspresbyterian.org

Physician’s Statement/Immunization Record

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name / Address / Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the child has a specific health problem, please list anything special that the center needs to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies that this child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following immunizations have been administered and are up to date for this child’s age.

Required Immunizations: **Please fill in the date that each was administered.**

Hepatitis B #1 \_\_\_\_\_\_\_\_\_\_ DTap #1 \_\_\_\_\_\_\_\_\_\_ HibTITER #1 \_\_\_\_\_\_\_\_\_\_

Hepatitis B #2 \_\_\_\_\_\_\_\_\_\_ DTap #2 \_\_\_\_\_\_\_\_\_\_ HibTITER #2 \_\_\_\_\_\_\_\_\_\_

Hepatitis B #3 \_\_\_\_\_\_\_\_\_\_ DTap #3 \_\_\_\_\_\_\_\_\_\_ HibTITER #3 \_\_\_\_\_\_\_\_\_\_

Hepatitis B #4 \_\_\_\_\_\_\_\_\_\_ DTap #4 \_\_\_\_\_\_\_\_\_\_ HibTITER #4 \_\_\_\_\_\_\_\_\_\_

DTap #5 \_\_\_\_\_\_\_\_\_\_

IPV #1 \_\_\_\_\_\_\_\_\_\_ MMR #1 \_\_\_\_\_\_\_\_\_\_

IPV #2 \_\_\_\_\_\_\_\_\_\_ MMR #2 \_\_\_\_\_\_\_\_\_\_

IPV #3 \_\_\_\_\_\_\_\_\_\_

Optional Immunizations:

PREVNAR #1 \_\_\_\_\_\_\_\_\_\_ Varivax \_\_\_\_\_\_\_\_\_\_

PREVNAR #2 \_\_\_\_\_\_\_\_\_\_

PREVNAR #3 \_\_\_\_\_\_\_\_\_\_

PREVNAR #4 \_\_\_\_\_\_\_\_\_\_

Date of last physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Summary and findings from last physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ **Doctor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_