

Child Medical Report

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-I MM-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