



4 East Henrietta Road
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 www.ebns.org

Physician's Report/Immunization Record

Please bring completed form to the *Mandatory Parent Meeting* in August

Please note: Any daycare, camp or school form from your child's physician that contains equivalent information including the immunization record can be substituted for this form.

I have examined (child's name) _____
 on (date) _____ and find him/her in good health and capable of participating in all school activities with the following exceptions: _____

This child has had the following immunizations:

Immunization	Date	Date	Date	Date
Diphtheria (DTP/DT/DTaP)				
Polio (IPV, OPV)				
MMR				
Haemophilus Influenzae Type B (Hib/Comvax)				
Hepatitis B (Hep B, Comvax)				
Varicella (Varivax)				
Pneumococcal (Prevnar)				
Other:				

This child has had the following illnesses: (Please check all that apply.)

Measles _____ Rubella _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Other: _____

Remarks (including allergic manifestations):

Date _____ Signed _____, M.D.