



167 Scarsdale Road | Tuckahoe, NY 10707
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HEALTH CERTIFICATE

CHILD'S NAME

DATE OF BIRTH

WHAT CHILDHOOD DISEASES HAS THE CHILD HAD

WHAT INFORMATION CONCERNING **ALLERGIES** OR **OTHER CONDITIONS** SHOULD WE KNOW IF PARENTS CANNOT BE REACHED IMMEDIATELY

PLEASE LIST BELOW THE DATES OF ALL THE IMMUNIZATIONS YOUR CHILD HAS RECEIVED. A COMPUTER PRINTOUT IS ALSO ACCEPTABLE.

	DATE	DATE	DATE	DATE	DATE
DPT					
POLIO					
HIB					
HEPATITIS B					
MMR					
DPTACEL					
TB/PPD					
VARICELLA					
LEAD					
PNEUMOCOCCAL					

DATE OF LAST COMPLETE PHYSICAL

WERE THERE ANY COMPLICATIONS AT BIRTH?

WAS THE PREGNANCY FULL TERM?

THIS CHILD IS IN GOOD GENERAL HEALTH AND IS ABLE TO PARTICIPATE IN ALL NORMAL ACTIVITIES.
 HE/SHE HAS RECEIVED ALL THE REQUIRED IMMUNIZATIONS.

DOCTOR'S SIGNATURE

ADDRESS

PHONE