

Physical Examination

(To be completed by a physician)

Child's Name _____ School: Sonshine Preschool

Age _____ Height _____ Weight _____

Skin _____ Head and Scalp _____

Ears _____ (R) TM _____ (L) TM _____

Eyes _____ Nose _____ Lymph nodes _____

Mouth: Teeth _____ Gingiva _____ Palate _____

Throat _____ Neck _____ Chest _____

Heart _____ B.P. _____ Femoral pulse _____

Lungs _____ Abdomen _____

Genitalia _____ Rectum, anus _____

Spine and Back _____ Extremities _____

Vision: (R) Eye _____ (L) Eye _____ Both _____

Hearing: Normal _____ Abnormal _____ Not tested _____

Allergies _____

Lead screening _____

Summary of findings: I have examined _____.

He/She is _____ is not _____ physically and emotionally able to participate in

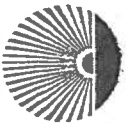
Sonshine Preschool's program.

Additional Comments: _____

Immunizations are _____ are not _____ complete for age.

Signature of Physician

Date of examination _____



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____
 Parent/Guardian: _____ Address: _____ Phone: () _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____ Date: _____
Physician, Physician Assistant, Nurse, Certified Medical Assistance

A representative of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Vaccine	Date Given	Doctor / Clinic / Source	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTpP/DT/ Td/Tdap			Meningococcal MCV4/MPSV4		
Polio IPV/OPV			Hepatitis A		
Measles, Mumps, Rubella MMR			Other		
Haemophilus influenzae type b Hib			Licensed Child Care Requirements		
			2 through 5 months 1 dose Diphtheria/Tetanus/Pertussis 1 dose Polio 1 dose Hib		
			5 through 14 months 2 doses Diphtheria/Tetanus/Pertussis 2 doses Polio 2 doses Hib		
			19 months and older 3 doses Diphtheria/Tetanus/Pertussis 3 doses Polio 3 doses Hib with the final dose ≥ 12 months of age, or 1 dose ≥ 15 months of age 1 dose Measles/Rubella ≥ 12 months of age 1 dose Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease		
Hepatitis B			Elementary/Secondary School Requirements		
			4 years of age and older 4 doses Diphtheria/Tetanus/Pertussis with 1 dose ≥ 4 year of age; 3 doses if born before September 15, 2001; or 4 doses if born after September 15, 2001 3 doses Polio, with 1 dose ≥ 4 years of age 2 doses Measles/Rubella or positive antibody test for measles and rubella. First dose ≥ 12 months of age; second dose no less than 28 days after the first dose 3 doses Hepatitis B if born on or after July 1, 1994 1 dose Varicella ≥ 12 months of age if born on or after September 15, 1997, or a reliable history of natural disease		
Varicella Chicken Pox <small>If applicant has a history of natural disease write "Immune to Varicella"</small>					
Pneumococcal PCV/PPV					