

MEDICAL REPORT/ IMMUNIZATION RECORD
KODOMONO KUNI, NY

Name of Child:	Date of Birth:	Date of Exam.
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REQUIRED IMMUNIZATIONS
Immunization records are not valid without the month, day and year for each dose given.

Diphtheria, Tetanus, Pertussis (DtaP/DTP) 3 or more doses required	1 st	2 nd	3 rd	4 th	5 th
Polio (OPV)(TOPV)(IPV)(eIPV) 3 or more doses required	1 st	2 nd	3 rd	4 th	5 th
Hib (Haemophilus Influenza type B) Not applicable for K and up.	1 st	2 nd	3 rd	4 th	5 th
MMR	1 st	(2 nd)			
or Measles Booster for entry into K required.	1 st	(2 nd)	(Measles Disease History)		
Mumps	1 st	(2 nd)	(Mumps Disease History)		
Rubella	1 st	(2 nd)	(Rubella Disease History)		
Varicella	1 st		(Chicken Pox Disease History)		
Hepatitis B	1 st	2 nd	3 rd		
PCV7 (Pneumococcal Conjugate Vaccine) PREVNAR Child born in or after Jan. 1, 2008	1 st	2 nd	Medical Exemptions: Due to physical condition of the above named child, immunization would endanger life or health of this child Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Immunization (Specify)	1 st	2 nd			
Other Immunization (Specify)	1 st	2 nd			

Health Specifics	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there allergies?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is medication regularly taken?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is a special diet required?	

Notes: Exemptions from the requirements include:

1. History of the above disease as documented by a physician licensed to practice medicine in the State of New York.
2. Serologic evidence of immunity to the disease.
3. A sincere and genuine religious belief.

*** Parental recall of disease history is insufficient and will not be accepted as evidence of immunity**

On basis of my findings and on my knowledge of the above named child, I find that (s)he is free from contagious and communicable disease and is able to participate in any activities and programs.

Signature of Physician: _____

Date	Name and Address Stamp of Physician/Medical Service Provider
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