

# Montgomery Montessori School

## Medical Report of Child in School

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name	Date of Birth / /	Date of Exam / /	Blood Type
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### IMMUNIZATIONS

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization(s) and complete and sign medical exemption statement on page 2 of form.

Include All Dates						Other Immunizations	
DTaP	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	4 <sup>th</sup> / /	5 <sup>th</sup> / /	Type	Date / /
Polio (IPV)	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	4 <sup>th</sup> / /	Booster / /	Type	Date / /
Hib	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	4 <sup>th</sup> / /		Type	Date / /
Pneumococcal (PCV)	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	4 <sup>th</sup> / /			
Rotavirus	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /				
Hepatitis B (HepB)	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /				
MMR	1 <sup>st</sup> / /	2 <sup>nd</sup> / /					
Varicella	1 <sup>st</sup> / /	2 <sup>nd</sup> / /					
Hepatitis A (HepA)	1 <sup>st</sup> / /	2 <sup>nd</sup> / /					

  

TESTS			
<b>Tuberculin Test</b>			
Date / /	Pos <input type="checkbox"/>	Neg <input type="checkbox"/>	Tine Mantoux <input type="checkbox"/> <input type="checkbox"/>
Results		Specify	
If positive, attach physician's statement documenting treatment and follow-up.			
<b>Lead Screening</b>			
Attach statement of lead screening.		Date / /	

### HEALTH SPECIFICS

### COMMENTS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there allergies? (Specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is medication regularly taken? (Specify drug and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a special diet required? (Specify diet and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any hearing, visual or dental conditions requiring special attention?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any medical or developmental conditions requiring special attention?	

### SUMMARY OF PHYSICAL EXAM (including special recommendations to Child Care Provider)


On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease  Yes  No and is able to participate in School  Yes  No

Signature of Examiner	Address
Name (please print)	City, State, Zip
Title	Phone ( ) / / Date / /

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**Medical Exemptions**

The physical condition of the above named child is such that immunization would endanger life or health.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date