

BETHLEHEM CHILD DEVELOPMENT CENTER
A MINISTRY OF BETHLEHEM BAPTIST CHURCH
416 BETHLEHEM ROAD
MIDLAND CITY, AL 36350
334-673-4980

Child's Medical Report for Day Care

Child's Name _____ Date of Birth _____

Parent or Guardian's Name _____

Address _____

Telephone Number _____

Attach Certificate or Immunization (Blue Slip) for children age four (4) and older.
If Blue Slip is not available or if children are three (3) years of age and under, complete the section below.

IMMUNIZATIONS:

<u>Type of Immunizations</u>	<u>Number given as of Exam Date</u>
DPT or DT (Diphtheria, Tetanus Toxoids and Pertosis)	_____
Polio (OPV: Oral Polio Virus)	_____
MMR (Measles, Mumps, Rubella)	_____
HbPV (Hemophilus b Polysaccharide Vaccine)	_____
Varicella (Chicken Pox)	_____

Immunizations are up to date for age of child: YES ___ NO ___

Laboratory and Other Testing (if indicated): YES ___ NO ___

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition,
free of contagious and infectious diseases, and capable of participating in day care activities, except as
noted below:

Physicians Signature

Date