

Burbank Early Childhood School

4770 Burbank Drive, Upper Arlington, Ohio 43220
614-487-5155 (phone); 614-487-5298 (fax)

Child's Name:	Child's Date of Birth:
Name of Physician:	Telephone number:
Street Address:	City, State, Zip:

Recommended Immunizations (enter month, day, and year)

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

*The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

Recommended Assessments/Screenings

Vision	Yes No Date_____	Dental	Yes No Date_____
BMI	Yes No Date_____	Hearing	Yes No Date_____
Lead	Yes No Date_____	Other	Yes No Date_____

*List any limitations or health conditions for this child (including allergies, daily medications, dietary restrictions) _____

By signing below, I am certifying the following,

- All information on this sheet is true and filled out completely.
- I have examined this child and found that s/he is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons _____

Physician signature	Date
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Ohio Administrative Code rules 5101:2-12-31 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center