



Dear Physician: \_\_\_\_\_ is enrolled in an early childhood program, which is licensed by the Department of Early Education and Care. The EEC regulations require that the Medical History and Immunization Form be completed and signed by the child's physician or source of health care. A prompt response is appreciated. Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

**IDENTIFICATION**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Parents: \_\_\_\_\_  
Address: \_\_\_\_\_

Date of Examination of Child: \_\_\_\_\_

What is your opinion concerning the child's general health and appearance:

\_\_\_\_\_  
\_\_\_\_\_

Has this child been screened for lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.), which require special considerations or care by the day care provider? If so, please detail below:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please return to:**

**Guild of St. Agnes**

\_\_\_\_\_

\_\_\_\_\_



**Massachusetts Department of Public Health  
Certificate of Immunizations**

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**IMMUNIZATION SCHEDULE**

Note to Physician: Please indicate the date(s) the child received each required immunization. The combined notations regarding ages and dosage are included to assist the provider in determining compliance with EEC regulations.

	Birth	1-2 Months	2 Months	4 Months	6 Months	6-18 Months	15 Months	4-6 Years	14-16 Years
1. Hep B	1 <sup>st</sup> dose	2 <sup>nd</sup> dose				3 <sup>rd</sup> dose			
2. DTP			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose	5 <sup>th</sup> dose	
3. Polio			1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose	4 <sup>th</sup> dose	
4. Hib			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose		
5. MMR							1 <sup>st</sup> dose	2 <sup>nd</sup> dose at 7 <sup>th</sup> grade	
6. Td									1 <sup>st</sup> dose
Varicela						1 <sup>st</sup> Dose			

**VACCINE ADMINISTRATION NOTES**

- Hepatitis B: Recommended for all children born after January 1, 1992, and required for day care attendance for children in this age group. Schedule may vary depending on Hepatitis B status of mother.
- DTP-DT-Td: Fourth dose of DTP can be given at 18 months. Half doses are not acceptable. Dt is only acceptable when accompanied by a letter stating there is a medical contraindication to DTP. First Td needed 10 years after last DTP and every 10 years thereafter.
- Polio: Third dose of polio can be given at 18 months. Fourth dose should be administered by entry into kindergarten (4-6 years).
- Hib: Number of doses required varies depending on age child starts immunization. Doses 3 and 4 should be given according to manufacturer's guidelines.
- MMR: Although first dose is recommended at 15 months, requirement will be met if given on or after first birthday. Second dose is required at entry to 7<sup>th</sup> grade only and must be given at least 30 days after the first dose.

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_