

1. _____ 2. _____ 3. _____ 4. _____

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

1. _____ 2. _____ *All students entering Kindergarten required to have 2 doses*

1. _____ 2. _____ or Had Virus on _____ date
All students entering Kindergarten required to have 2 doses

1. _____ 2. _____ 3. _____ 4. _____

If not been given the required immunizations, please explain below:

Required Medical Form

_____ is free of communicable disease and

and Care and participate in group activities. This child has completed or begun to

unless it is my opinion that these immunizations would be injurious to the health

of household members (in which case, I have noted my reasons in the space provided)."

Date of Birth

Date