



It Takes a Village

58 West Montauk Highway, Hampton Bays NY 11942

631-594-5269 ittakesavillagehb@gmail.com

**Must be completed by Licensed Physician, Physician's Assistant or Nurse Practitioner*

Name of Child: _____

Date of Birth: _____ Gender: M F

Immunizations required for entry into day care

| Immunization | 1 st Dose | 2 nd Dose | 3 rd Dose | 4 th Dose | Booster |
|---|----------------------|----------------------|----------------------|----------------------|---------|
| Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP) | | | | | |
| Polio (IPV) | | | | | |
| Haemophilus influenza type B (Hib) | | | | | |
| Pneumococcal Conjugate (PVC) | | | | | |
| Hepatitis B | | | | | |
| Measles, Mumps, and Rubella (MMR) | | | | | |
| Varicella (also known as Chicken Pox) | | | | | |

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza, and Hepatitis A

| | | | |
|---------------|-------|---------------|-------|
| Immunization: | Date: | Immunization: | Date: |
| Immunization: | Date: | Immunization: | Date: |
| Immunization: | Date: | Immunization: | Date: |

Tests:

Tuberculin Test Date: _____ Mantoux Results: Positive Negative _____ mm
TB Tests are at the physician's discretion

If positive, or x-ray is ordered, attach a physician's statement documenting treatment and follow-up

Lead Screening Date: _____

Attach lead level statement

Health Specifics:

Are there any allergies? (Specify) Yes No

Comments: _____

See other side

| | | |
|---|---|--|
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Summary of Physical Exam

Include special recommendations to Childcare Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that he/she is free from contagious and communicable disease and is able to participate in preschool.

Yes No

Signature of Examiner _____ Date _____

Print Name _____ Phone # _____

Address _____ Title _____

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator, or administrator who shall determine whether the statement of religious belief is acceptable.