

Health Certificate

Presbyterian Weekday School, First Presbyterian Church
 1621 East Garrison Boulevard, Gastonia NC 28054 Telephone 704-864-2651

Section I to be completed by parent/legal guardian:

CHILD'S NAME: _____
Last First Middle Preferred Name

Age: _____ Birth Date: ____/____/____

PARENT/LEGAL GUARDIAN: _____
Last First Title

Address _____
Street City State ZIP

1. Does your child have any medical conditions the staff PWS should be made aware of? _____
2. Does your child have any known allergies? _____
3. Does your child have any special dietary restrictions? _____
4. Do you have any special requests regarding your child's care while at PWS? _____

I certify that all the above information is true to the best of my knowledge. _____
Parent / Legal guardian signature

Section II to be completed by child's physician:

1. Does this child enjoy good health, free from any chronic conditions? _____
2. Has this child demonstrated normal motor and mental development? _____
3. Should this child be on any physical or dietary restrictions? _____
4. Are the child's immunizations up to date? _____
5. What was the result of the child's most recent tuberculin skin test? _____ Date of test ____/____/____
6. Date of most recent health checkup ____/____/____
7. Any comments, recommendations or concerns? _____

History of Immunizations

Age	HepB	DTaP	Hib	IPV	PCV7	MMR	Var
Birth							
2 months							
4 months							
6 months							
12 months							
15 months							
4-6 years							

If the child has not had an immunization, please note the reason: parental _____ religious _____ other _____

I certify that the above named child received the listed vaccine doses on the date(s) specified.

Physician signature

Date