



Health Statement

Physician Form

Name of Child _____	Date of Birth _____
<i>I have examined the above child within the past year and find that he/she is able to take part in the preschool program.</i>	
Health Care Professional Name _____	
Address _____	City _____ State _____ Zip _____
Signature of Physician _____	Date _____

Physician Immunization Record

**Please provide an immunization record for the child listed above. The record should be signed or stamped by the physician.

Varicella (chickenpox) vaccine is not required if the student has had the chickenpox disease. If the child listed above has had chickenpox, please complete the statement: _____ has had varicella (chickenpox) on or about (date) _____ and does not need varicella vaccine.
Physician/Parent Signature _____ Date _____

Immunization Exemption

(This is filled out by the parent only if shots were/are not being given. A notarized state form must be completed.)

<i>Immunization Exemption: (Parent should complete ONLY if applicable)</i>
I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
Parent Signature _____ Date _____