

Chest X-Ray Date: _____ Results: _____
(if tuberculin positive)

Date of most recent booster: _____
(Diphtheria, Tetanus, & Polio) (Due every 10 years)

Rubella Status: MMR - Date of Immunization: _____
Or
Rubella- Date of Immunization: _____
Or
Rubella Titre Results: _____

- b) General Physical Conditions: (attach a sheet if needed).

- c) Present Health Condition:

- d) Present Medications: _____

I have completed examined _____ today, and find this individual to be capable of full participation in the Early Childhood Education program.

Health Care Provider's Signature Date