

HEALTH CERTIFICATE  
(to be filled in by child's physician)

THE LITTLE SCHOOL  
2216 METAIRIE ROAD  
METAIRIE, LOUISIANA 70001  
504-835-9964 Fax 504-835-9868

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

List any serious illness, operations, or accidents since birth: \_\_\_\_\_

\_\_\_\_\_

Is there any acute or chronic disease in the family? \_\_\_\_\_

\_\_\_\_\_

Is there anything unusual about the physical, emotional, or mental condition of the child that the teacher should know? \_\_\_\_\_

Was the child premature? \_\_\_\_\_

Significant findings as to:

Heart

Ears:

Nose and Throat

Eyes

Congenital Abnormalities

Unusual susceptibility to infections: Skin and/or respiratory \_\_\_\_\_

Allergies – Please describe in detail (use the back if needed): Is reaction violent or mild, or immediate or delayed? \_\_\_\_\_

Is the child generally in good health? \_\_\_\_\_

Is there any reason why he cannot be expected to participate in the normal school activities?

\_\_\_\_\_

Communicable diseases child has had and date of occurrences:

**CHILD'S NAME** \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_  
 Red Measles \_\_\_\_\_ 3-Day Measles \_\_\_\_\_ Other \_\_\_\_\_

STATE OF LOUISIANA  
 CHILD CARE-PRESCHOOL  
 CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE \_\_\_\_\_  
 mo/day/yr  
 (Enter the date that the next immunization is due)  
 This record is invalid without a proper expiration date.

VACCINE	MONTH, DAY, AND YEAR EACH DOSE WAS GIVEN				
	first	second	third	fourth	fifth
DTP / DtaP / DT					
OPV / IPV					
HIB					
MMR					
HBV					
Rota Virus					
Varicella					
PCV7					

NOTE: I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana, Department of Health and Hospitals, Office of Public Health until the date above.

DOCTOR'S SIGNATURE: \_\_\_\_\_

DOCTOR'S NAME PRINTED: \_\_\_\_\_

DOCTOR'S TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PLEASE NOTE: THIS FORM MUST BE PRESENTED ON OR BEFORE THE FIRST DAY OF SCHOOL FOR A CHILD TO BE ADMITTED.