

**LEHMAN CHRISTIAN PRESCHOOL**

**Medical Form**

School Year \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
 Telephone \_\_\_\_\_

**PENNSYLVANIA DEPARTMENT OF HEALTH — CERTIFICATE OF IMMUNIZATION**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				
	DOSES				
Diphtheria and Tetanus (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	
Hepatitis B	1 / /	2 / /	3 / /		
Measles - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology: Date Titer		
Varicella	1 / /	2 / /	Rubella Serology: Date Titer		
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

To the best of my knowledge, this child has received the minimum required immunizations. Source  Written  Verbal

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR THEIR DESIGNEE)

\_\_\_\_\_ Medical Exemption \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Religious Exemption \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY PROCEDURE**

**IMPORTANT:** Emergency procedure when Parent or Guardian cannot be reached at home:

Emergency phone # \_\_\_\_\_ Name \_\_\_\_\_

Alternate Emergency # \_\_\_\_\_ Name \_\_\_\_\_

If school cannot get in touch with any of the above, name a friend or relative who may be called upon if the child is sick in school:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

\* If none of the above can be reached by phone, WHAT DO YOU WISH THE SCHOOL TO DO in case the child is sick or injured? (i.e., call 911, Teacher discretion)

\_\_\_\_\_  
 If at any time the above information is changed, I will notify the school in writing.

\_\_\_\_\_  
 Signature of Parent or Guardian