

TRIPLE C NURSERY SCHOOL

2405 East Swamp Road
Quakertown, PA 18951
215-536-7280

Child's Name _____ Birthdate _____ Date of Exam _____

1. Does this child have any physical conditions and/or allergies that we should be aware of? _____

2. Does this child require special attention, medication or routines that may have to be taken into consideration in planning for his/her time at school? _____

3. In your opinion, is this child physically and emotionally able to participate in a nursery school program? _____

4. IMMUNIZATIONS

Triple C follows the standards set forth by the PA Board of Health regarding childhood immunizations. We require that all children have completed the primary series of immunizations before enrollment.

	Date	Date	Date	Date	Date
DTP/DTap	1	2	3	4	5
POLIO	1	2	3	4	
HIB	1	2	3	4	
HEP B	1	2	3	4	
MMR	1	2			
VARICELLA	1	2			
OTHER	1	2			

Physician's Signature _____ Date _____

Printed Name, Address and Phone of Physician _____

