

### Child's Medical Report

*(This form may be used for household members younger than 19 years of age)*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I examined this child on (date) \_\_\_\_\_. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

\_\_\_\_\_  
Date