



## Circle of Friends Preschool

1211 Manitou Road  
Hilton, NY 14468  
392-4010

### CERTIFICATE OF IMMUNIZATION FOR ENTRY INTO SCHOOL

\_\_\_\_\_  
CHILD'S LAST NAME

\_\_\_\_\_  
CHILD'S FIRST NAME

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
SEX

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
TELEPHONE

#### IMMUNIZATION HISTORY

REQUIRED IMMUNIZATIONS	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>
DPT (DT) (3 or more)					
Polio (3 or more)					
Haemophilus influenza Type b (Series of 3 or 1 after 15 months of age)					
Measles (2 on or after first birthday)					
Rubella (1 on or after first birthday)					
Mumps (1 on or after first birthday)					
Hepatitis B (Series of 3)					
Varicella (1 dose)*					

\*Varicella required for entry to preschool if child is born on or after 1/1/2000 as per NY state law.

Immunization is completed as required by New York State Law (Dates are included)

Immunization is in process, can be completed by \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Examining Physician

\_\_\_\_\_  
Address

I hereby agree to submit additional certification when immunization is complete. I understand that my child will be excluded from school if full certification has not been received by the school within ten school days of the date specified above by the examining physician.

\_\_\_\_\_  
Signature of parent or guardian if immunization is incomplete

\_\_\_\_\_  
Date