

**NORTHSIDE CHILD CARE and ACADEMY FOR EARLY LEARNING
NORTHSIDE CHRISTIAN ACADEMY**

333 Jeremiah Boulevard
Charlotte, NC 28262

Certificate of Health

Name of Child: _____ Age: _____ Birthday: _____

Name of Parent(s): _____

Address of Parent(s): _____

(Street)

(City)

(State)

(Zip)

MEDICAL HISTORY (May be completed by parent)

1. Previous hospitalization: Yes No If so, why? _____

2. Is child allergic to anything? Yes No If so, what? _____

3. Any previous diseases or illnesses? Yes No If so, what? _____

4. Any operations? Yes No If so, what? _____
5. Any physical handicaps? Yes No If so, please describe: _____

6. Is child under care of a doctor? Yes No If so, why? _____

7. Any history of mental retardation? Yes No
8. Any history of convulsions? Yes No
9. Any history of diabetes in family? Yes No
10. Any history of heart trouble? Yes No

Parent's Signature

PHYSICAL EXAMINATION (must be completed and signed by examining physician)

Weight _____	Height _____	Heart _____	Chest _____
Throat _____	Neck _____	Abdomen _____	GU _____
Ext. _____	Teeth _____	Neurological System _____	
Skin _____	Ears _____	Head _____	Eyes _____

Results of Tuberculin Test, if given _____
(type) (results)

Should activities be limited? _____

Recommendations _____

IMMUNIZATION HISTORY (Enter date each immunization was given)

DTP*	1. _____	2. _____	3. _____	4. _____	5. _____
Polio*	1. _____	2. _____	3. _____	4. _____	
Hib*	1. _____	2. _____	3. _____	4. _____	
Measles*	1. _____	2. _____			
Rubella*	1. _____	2. _____			
Mumps*	1. _____	2. _____			
HBV*	1. _____	2. _____	3. _____		
Varicella	1. _____				
Prevnar	1. _____	2. _____	3. _____	4. _____	

* SEE Back page

Physician's Signature

Date of Examination

Office Address & Telephone Number

This health form must be completed and returned to the appropriate office before being admitted.

**NOTICE OF IMMUNIZATION REQUIREMENTS
FOR CHILDREN IN
NORTHSIDE CHILD CARE and ACADEMY FOR EARLY LEARNING
NORTHSIDE CHRISTIAN ACADEMY**

By the **first** birthday a child should have had:

- 3 DTP (by 7 mos.)
- **3 HIB (by 7 mos.)
- 2 IPV (by 5 mos.)
- 3 HBV (by 1 yr.)-if born after 7-1-94 -(1st @ birth, 2nd @ 1 mo. old, 3rd @ 6 mos. to 19 mos.)

By the **second** birthday a child should have:

- 4 DTP (by 19 mos.)
- 4 HIB (by 16 mos.)
- 3 IPV (by 19 mos. required by state law)
- 1 MMR (after 12 mos. and before 16 mos.)
- 1 Varicella (Between 12 & 19 months if born after 4/01/01)

At or by the time of school entry (**Four-year old Kindergarten**) or by age **6 years** (whichever comes first) a child should have had:

- * 5 DTP (after the fourth birthday)
- * 4 IPV (after the fourth birthday)
- 2 MMR (1st by 16 mos.; 2nd before entering school)
- ** 3 doses of HbOC or 2 doses of PRP-OMP (by age one; a booster of any type by age of two)

Note: If your child has already received this (these) immunization(s), or if you know when they were given, you should, without delay, provide proof of immunization to the appropriate Director/Principal.