



ALABAMA CHILD'S MEDICAL REPORT

Child's Name: _____	DOB: _____
Medical Conditions: _____	

Allergies: _____	
Medications: _____	

A Certificate of Immunization or Certificate of exemption is required for each child younger than five years of age.

Date of your child's last well child checkup: _____

Physician's Name: _____ Phone Number _____

Address: _____

I certify that my child was found to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care/preschool activities. There are no changes to their current medical diagnosis.

I certify that my child was found to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care/preschool activities; however, a new medical diagnosis was made (new allergy, food restriction or medication update) :

Signature of Parent or Legal Guardian

Date Signed