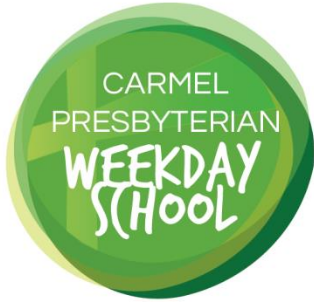


# Carmel Presbyterian Weekday School

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Charlotte, NC 28226
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www.carmelweekdayschool.org
acopperwheat@
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## CERTIFICATE OF HEALTH

**Child's Name: ______________________________________________.**

**Date of Examination: __________________________________________.**

**Age: _______________.**

This child was examined by me on the above date and there were no significant emotional, mental, or physical abnormalities.

Necessary and usual immunizations are current, including DPT series, polio vaccine and measles vaccine. There were no adverse reactions to any medication. **Please attach to this form a copy of the child's immunization record**.

Participation in Preschool and Kindergarten activities is indicated.

Any exceptions to the above are noted below.

______________________________.  ______________________________
Physician's Signature  Date

______________________________
Physician's Name (Print)

______________________________
Physician's Address & Phone

______________________________

______________________________