

## PROOF OF IMMUNIZATION:

Document:  
Date Seen:

By: \_\_\_\_\_

## LEGAL REQUIREMENTS WAIVED:

\_\_\_\_ Parent's religion  
\_\_\_\_ Physician's cert.

## UNION-ENDICOTT CENTRAL SCHOOL DISTRICT HEALTH SHEET FOR NEW ENTRANTS

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

IMMUNIZATIONS, TESTS, ETC. Required by N.Y. S. Law

*Please provide original document of immunizations (shots)*
**PREGNANCY/BIRTH HISTORY**

YES	NO	If "yes", explain (including dates/or age of child)
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	YES	NO	
Did mother have any health problems during this pregnancy or delivery?			
Was child born more than 3 weeks early or late?			
Was child less than 5 lbs. or more than 10 lbs. at birth?			
Was anything wrong with child in the hospital nursery?			
Did child or mother stay in hospital longer than usual for medical reasons?			

**HOSPITALIZATIONS AND ILLNESSES**

YES	NO	If "yes", explain (include dates/or age of child)
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	YES	NO	
Has child ever been hospitalized or had surgery?			
Has child ever had a serious accident (broken bones, head injuries, falls, burns, poisoning, or car accident)?			
Has child ever had a serious illness?			

(Please continue on reverse side....)