

Nursery School of the United Methodist Church
180 West Neck Road
Huntington, NY 11743
631-424-0645

Name _____

Date of Birth _____

____ I found this child to be in good general health and able to participate in a nursery school program.

____ I recommend the following exceptions for this child:

Please give the date of the following NYS required immunizations:

Diphtheria _____ _____ _____

Polio _____ _____ _____

Measles _____

Mumps _____

Rubella _____

Hib _____

Hepatitis B _____ _____ _____

Varicella _____

Tetanus _____ _____ _____

Pertussis _____ _____ _____

Pneumococcal Vaccine _____

Physician's Signature _____

Date _____

We will accept a form generated by your doctor's office as long as it is current .