



Little Praisers Preschool & Child Care  
Medical and Shots information  
Fax 260-490-0364

Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hep B      Birth      2 months      6-18 months

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DTP      2 months      4 months      6 months      15-18 mos      4-6 years

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HIB      2 months      4 months      6 months      12-15 mos

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PCV      2 months      4 months      6 months      12-15 mos      2-5 years

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Polio      2 months      4 months      6-18 months      4-6 years

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MMR      12-18 mos      4-6 Years

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Varicella      12-18 mos      4-6 Years      or      Date of disease: \_\_\_\_\_

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Physicians,  
Please write the word "current" in the space provided above if the child is not receiving the shot.

Physician completing this form: \_\_\_\_\_  
(please print)

Doctor's signature: \_\_\_\_\_      Date: \_\_\_\_\_

Doctor's comments:          
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