

Little Praisers Early Childhood Center
Medical and Shots information
Fax 260-490-0364

Child's Name _____

Date of Birth: _____

Hep B Birth 2 months 6-18 months

--	--	--

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

--	--	--	--

HIB 2 months 4 months 6 months 12-15 mos

--	--	--

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

--	--	--	--

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

--	--	--

MMR 12-18 mos 4-6 Years

--	--

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

--	--

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:
