

GREENWOOD FOREST CHILDREN'S CENTER 2010-2011
Greenwood Forest Baptist Church, Inc.
110 S.E. Maynard Road Cary, NC 27511

PHYSICIAN'S REPORT

This report is required for the Center's State approval. It is due when school begins and must be signed by your child's doctor.

1. Child's Name: _____
2. Child's Birthday: _____
3. General Health: _____
4. History of Immunizations:

VACCINE	Date	Date	Date	Date
*DPT				
*IPV, OPV				
*HEP B				
*MMR				
Hib				
VZ, Varicella				

***North Carolina Immunization Law requires these vaccines for all children.**

5. What diseases has your child had? Date?

6. Allergies and/or restrictions, if any?

Physician's Signature

Date