



70 Paradise Road
Northampton, MA 01063
Telephone: (413) 585-2293
Fax: (413) 585-2296

Dear Physician: _____ is enrolled in an early
(Child's name)

childhood program that is licensed by the Office of Child Care Services (OCCS). OCCS regulations require that the Medical History and Immunization Form be completed and signed by the child's physician of source of health care. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter. Also, please be reminded that:

1) The licensing agency, OCCS, and the Massachusetts Department of Public Health require that all children show proof of a lead level test done annually between the ages of 9 months – 3 years and,

2) The licensing agency, OCCS, and the Massachusetts Department of Public Health require that all children show proof of a varicella (chickenpox) vaccine for all children 19 months and older, or who were born after January 1, 1997. If the child has already had the chickenpox, verification from a physician is required.

PLEASE BE SURE TO FILL OUT THOSE ITEMS ON THIS FORM

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

_____ Phone #: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance: _____

Has this child been screened for lead poisoning? Yes ___ No ___ If yes, date screened: _____

Are any of the typically administered immunizations medically or otherwise contraindicated? _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the day care provider? If so, please detail below:

Physician's Signature: _____ Date: _____

Please return form to:

Sunnyside Child Care Center • 70 Paradise Road • Northampton, MA 01063 • Telephone: (413) 585-2293 • Fax: (413) 585-2296