

**Hawthorne Lane Preschool
Certificate of Health
2020-2021**

Child's Name _____

Parent's Name _____

Date of Examination _____ Age _____



This child was examined by me on the above date and there were no significant emotional, mental or physical abnormalities.

Necessary and usual immunizations are current, including Hep B, Hib, OPV, MMR and the DtaP/DIP vaccines. There were no adverse reactions to any of the vaccines.

This child should be able to participate in all preschool activities.

Any exceptions to the above are noted below.

Physician's Signature

Date signed

Please complete and return this form to the preschool office on or before the first day of the 2020-2021 preschool year.

Mail to:
Hawthorne Lane Preschool
501 Hawthorne Lane
Charlotte, North Carolina 28204