

PITTSYLVANIA COUNTY SCHOOLS

Certification of Physical Examination and Minimum Immunizations

I, _____, certify that my child, _____,
(Parent's name printed) (Student's name printed)

has received a comprehensive physical examination (signed by a licensed physician, a licensed nurse practitioner, or a licensed physician's assistant) and that my child has received the minimum immunizations required for entry into school.

Should my child's previous school records not contain a report of that examination or if the minimum immunization requirements are not met, I understand that a current physical examination will be required and/or immunizations must be updated within twenty (20) days from notification. I further understand that my child may be excluded from school should these requirements not be completed.

Parent's Signature

Date

Current Telephone Number

Name and address of previous school:

FOR OFFICE USE ONLY

Date records requested _____

Deficiencies _____

If deficient, date resolved _____

Signature _____