



Grace Christian School Of Armstrong County

"Growing Christ-like Students"

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CHILD'S MEDICAL STATEMENT

This is to certify that I have examined (child's name) _____
on (date) _____ and have found that he/she:

1) Has had immunizations required by the PA Department of Health.

RECORD OF IMMUNIZATION

Please enter MONTH/DAY/YEAR of each immunization

4 doses of tetanus* _____

(1 dose on or after the 4th birthday)

4 doses of diphtheria* _____

(1 dose on or after the 4th birthday)

3 doses of polio _____

2 doses of measles** _____

2 doses of mumps** _____

1 dose of rubella (German measles)** _____

3 doses of hepatitis B _____

2 doses of varicella (chickenpox) vaccine or history of disease _____

Other _____

*Usually given as DTP or DtaP or DT or Td

**Usually given as MMR

2) Based upon his/her medical history and physical condition at the time of this examination, is free from
apparent communicable disease and is in suitable condition for enrollment.

Physician's Signature _____ Child's Birthdate _____

Physician's Address

City, State, Zip Code

Telephone Number

Please be aware that we must have verification that children have had their necessary booster shots for DPT, Polio, and MMR after four years of age. If your child is having a physical (necessary for Kindergarten and sixth grade students) and the doctor copies his records, be sure there is a statement like #2 above from him/her verifying the exam has been done. Just a copy of the child's immunizations is not sufficient. Kindergarten and third grade students must also have a dental exam. Physical and dental exams will be done by district doctors during the school year if you so desire.