



HEALTH CERTIFICATE

THE BEMENT SCHOOL
 94 OLD MAIN STREET
 PO BOX 8
 DEERFIELD, MA 01342
 Phone: 413-475-3044
 Fax: 413-774-7863

Name _____ Date of Birth _____ Sex: *Female* *Male*

Date of last PE _____ Height _____ Weight _____ Blood Pressure _____

Allergies: _____

Vaccine	Date	Vaccine	Date
Hepatitis B	1.	Hib	1.
	2.		2.
	3.		3.
DT ap/DT	1.		4.
	2.	MMR	1.
	3.		2.
	4.	Varicella	1.
	5.		2.
Td	6.	Hepatitis A	1.
IPV/OPV	1.		2.
	2.	PCV23	1.
	3.	(pneumoccal polysaccharide	2.
	4.	23-valent)	
PCV7	1.		
(Pneumococcal conjugate	2.	Influenza	1.
7-valent)	3.		2.
	4.		3.
		Last TB	1.
		Other	1.
			2.
			3.

This child has no restrictions for school, camp, or sports.

Physician's Signature: _____ Date: _____

Special instructions for participation in camp activities: (if needed)