



**Circle of Friends
Preschool**
keep the circle growing

Circle of Friends Preschool
1211 Manitou Road
Hilton, NY 14468
(585) 392-4010

Certificate of Immunization

Child's Last Name

Child's First Name

Birthdate

Sex

Home Address

Telephone

Required Immunizations	1 st	2 nd	3 rd	4 th	5 th
DPT (DT) (3 or more)					
Polio (3 or more)					
Haemophilus influenza Type b**					
Measles (2 on or after first birthday)					
Rubella (1 on or after first birthday)					
Mumps (1 on or after first birthday)					
Hepatitis B (Series of 3)					
Varicella (1 dose)*					

**Series of 3 or 1 after 15 months of age

Immunization is completed as required by New York State Law (Dates included)

Immunization in process, to be completed by: _____

Date

Examining Physician Signature

Date

Print Name of Examining Physician

Address

I hereby agree to submit additional certification when immunization is complete. I understand that my child will be excluded from school if the school has not received full certification within ten school days of the date specified above by the examining physician.

Parent/Guardian Signature

Date