

This is the format for the Child Medical Statement, which must be typed or photocopied onto your child's pediatrician letterhead.

CHILD MEDICAL STATEMENT

I, the undersigned physician affirm that _____

was last seen on _____. This child's immunizations and
(date)

Inoculations are current ☐ Yes ☐ No. A complete physical exam was
last completed on _____.
(date)

The child is in _____ health.

Current TB test date: ____/____/____ Results: _____

Any medical problems: _____

Physician's signature

Date

Physician's name printed

Street Address

City

State

Zip Code