

CHILDREN'S HEALTH CARE
257 LOW STREET
NEWBURYPORT, MA 01950
PHONE: (978) 465-7121

Name: [redacted]

DOB: [redacted]

Sex: [redacted]

Address: [redacted]
[redacted]

Phone: [redacted]

IMMUNIZATIONS

Dtap	12/11/2003	02/23/2004	04/05/2004	12/30/2004	10/24/2008
DTP					
IPV	12/11/2003	02/23/2004	04/11/2005	10/24/2008	
OPV					
MMR Immun	12/30/2004	10/24/2008			
Skin Test TB					
HIB	12/11/2003	02/23/2004	04/05/2004	12/30/2004	
Hep-B	10/09/2003	11/13/2003	06/28/2004		
Hep-A					
Influenza Vaccine/Flumist	02/02/2010	12/31/2009	10/20/2009	10/24/2008	11/14/2013
Pediarix (DTap/IPV/HepB)					
Pevnar	12/11/2003	02/23/2004	09/27/2004		
Pevnarthirteen					
Varivax	09/27/2004	10/24/2008			
Td					
Tdap					
Adacel					
Rotateq					
Gardasil					
Proquad					
Menactra					
Pentacel					
Varicella Hx					

LABORATORY TESTS

Date	Results	Date	Date	Results
Glucose			Cholesterol	
Lead Test			Hearing	
Hemoglobin			Vision	

HISTORY AND CURRENT MEDS: *well child*

ALLERGIES NKDA

Physical Date: [redacted] Height: [redacted] Weight: [redacted] 4 BP: [redacted] BMI: [redacted]

Examination was normal unless abnormalities are listed below:

This patient is fit for competitive sports and physical education unless noted otherwise.

Doctors Signature: *[Signature]*

Date: 11/14/2013