

Montclair State University
The Children's Center

HEALTH CERTIFICATE

This is to certify that _____ has been examined on _____ and
Name of Child Date

Has been found to be in good health and free of any communicable disease and may attend the
child care center.

Doctor's Name

Doctor's Signature

Address

Date

The immunization regulations permit provisional or temporary attendance at school upon filing a
request for provisional admittance. Your physician must complete this form.

PROVISIONAL ADMITTANCE REQUEST

Parent/Guardian Section

Name of Child: _____

I request to have my child provisionally admitted to school. I affirm that the immunizations
required will be completed in accordance with the schedule listed in Chapter 14 of the State of
New Jersey.

Signature of Parent/Guardian

Date

Telephone Number

Physician Section

The above pupil's immunization series has been initiated and he/she is in the process of
complying with all immunization requirements. I have arranged an appointment schedule and
agree to provide the remaining immunizations.

All immunization requirements WILL BE COMPLETED BY (date): _____

THIS DATE MUST BE FILLED IN FOR PROVISIONAL ADMITTANCE

Physician Signature

Date

Telephone Number