



Recreation Department
200 Howell Avenue
Riverhead, NY 11901
(631) 727-5744
(631) 727-4555 Fax

MEDICAL EXAMINATION & VERIFICATION OF IMMUNIZATIONS

Child's Name: _____ Exam Date: _____

Date of Birth: _____

Please list any special recommendations for this child: _____

On the basis of my physical exam and my knowledge of the above named child, I verify that he/she is free from contagious & communicable disease and is physically able to participate in all activities offered through the Town of Riverhead Summer Recreation Program. I also verify that this child's immunizations are complete and up to date.

Signature of Physician

Print Name

Date

Address

Phone

City, State, Zip

***Please include a copy of child's immunization record.**