

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

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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