



Little Ambassadors' Academy
3565 Lee Highway, STE D
Arlington, VA 22207
Ph: 571-483-0912
Fax: 571-970-5166

****Please attach
current immunization
record to this form.**

CHILD WELLNESS FORM

NAME _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____

DATE OF BIRTH _____

This child received an annual wellness/physical
on _____ (date)

This child is considered no risk for TB
as of _____ (date)

***Note: These dates must be within the last 12 months.**

Date _____ Signature _____, MD.

Physician's Name (print) _____