



Child's Full Name: _____

1. A complete physical examination was given to child on: _____
2. A current examination was waived due to: _____
3. A vision screening was given to child on: _____
 - a. Results of screening: _____
4. A hearing screening was given to child on: _____
 - a. Results of screening: _____
5. Child's immunizations are up to date: YES ☐ NO ☐
 - a. If no, please explain: _____

If yes, please explain: _____

This child may be admitted to a Preschool Program/Facility YES ☐ NO ☐

Comments/Specific Recommendations: _____

Physician's Name: (typed or printed)

Physician's Signature

Today's Date

Physician's Address

Phone