

Pre-Admission Physical Exam



Child's Name: _____ Birth date: _____

Name of Doctor or Health Agency: _____

Doctor's Address: _____

Doctor's Telephone Number: _____ Date of Exam: _____

Is there any reason why this child can not be immunized? _____

Does this child have any special problem or condition which a child care program would be unable to deal with? (if yes, please explain) _____

Results of Examination: _____

Signature of Physician or Health Agency Rep.

Date

702.836.0923
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