

St. John's Early Learning Center Child Health Report

This report is to be completed and signed by a licensed physician, and returned to school.

Child's Name _____ Sex ____ Birth Date _____

Address _____

Date of Most Recent Examination _____

Surgeries/Accidents/Illnesses/Chronic or Handicapping Issues _____

Describe any physical condition(s) requiring special attention by preschool staff _____

List any allergies, food restrictions, etc that staff should be aware of _____

Any prescribed routines _____

Any prescribed Medications _____

Based upon this child's medical history and physical condition at the time of the exam, is free from any apparent communicable disease, and is in suitable condition for enrollment in a child day care / preschool facility.

Physician's Signature _____ Date _____

Address _____

Telephone number _____