



Physical Form

Child Information

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Name of Parent(s)/Guardians(s): _____

Date of Examination: _____

Opinion concerning the child's general health and appearance: _____

Has the child been screened for lead poisoning? Yes _____ No _____
(*At least 1 time between ages 9-12 months; Annually- Ages 2 & 3; at age 4 if high risk for lead poisoning)

If yes, date screened: _____

Does this child have any disabilities or chronic medical issues (allergies, limited vision, etc.) which require special consideration or care by the child care center? If so, please detail: _____

Physician's Signature: _____ Date: _____

Comments: _____

Please return this form and the child's immunization record to:

