

PHYSICIAN'S REPORT

Date: _____

Name of Child: _____

General physical condition:

At present time _____

During the past year _____

Allergies/Asthma/ other : _____

Skin infections: _____

Any physical limitations: _____

Vision testing: _____ Hearing testing: _____

Is the child subject to frequent colds and sore throats? _____

Please attach a complete record of all immunizations.

This child has been referred to me for examination and is in satisfactory condition to enter Nursery School and is capable of normal participation.

Signature of physician

Signature of parent