



Physical Form

Name of Child: _____ Exam Date: _____

D.O.B. _____ Age of Child: _____

Exam results:

Past Medical history: _____

Status of Present Health: _____

Allergies: _____

Any Continual Medications: _____

Acute or Chronic Conditions: _____

I have examined this child and find that they are able to participate in the activities of the center without limitations or recommendations.

Circle: YES NO

I have examined this child and find that with the recommendations listed below, the child is able to participate in the activities of the center.

Doctor's Signature

Date