



601 Panther Dr. | Panora, Iowa 50216 | 641-755-3003 |  
littlepantherdaycare.com

**little panther**  
DAYCARE & PRESCHOOL

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 form signed: \_\_\_\_\_