

## Annual Physical Exam Report

\_\_\_\_\_, whose date of birth is \_\_\_\_\_, has been enrolled in our Preschool Program. Classes meet from one to five times weekly for 4 hours in the morning with two team teachers in groups with age appropriate adult/child ratios.

The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A mid-morning healthy snack is served.

In your opinion, is this child physically and emotionally able to participate in a preschool program as described above? \_\_\_\_\_

Does this child have any physical condition that we should be aware of? (Including vision, hearing, tuberculosis, or lead poisoning): \_\_\_\_\_.

Does this child have any special dietary needs? \_\_\_\_ If, yes, the reverse must be completed.

Include description on any allergy (dietary or other): \_\_\_\_\_.

If yes...does the child require an EpiPen? \_\_\_\_\_

Does this child require special attention, medication, or routine that may have to be taken into consideration in planning for his/her time at school? \_\_\_\_\_

**Attach the most recent copy of your child's immunization folio.**

Date of most recent examination \_\_\_\_\_

Current height: \_\_\_\_\_

Current weight: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address and Phone Number  
**Reverse to be completed by child's physician**