

“Building a Foundation of Knowledge Within”

Dear Physician:

_____ is enrolled in an early childhood program, which is licensed by the Department of Early Education and Care. The EEC regulations require that the medical history and Immunization Form be completed and signed by the child’s physician or source of helath care. A prompt response is appreciated.

Evidence of a physical examination is valid one year from the date the child was examined and must be renewed yearly thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone #: _____

Name of Parents: _____

Address: _____

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Date of Examination: _____

What is your opinion concerning the child’s general health and appearance:

Has this child been screened for lead poisoning? ___yes ___no

If yes, Date screened: _____

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

Physician
Signature: _____

Date: _____ Comments: _____

Please return to: God's Little Children Preschool
574 Lake Street
Shrewsbury, MA 01545