

## Physician Health Statement

### Statement to Physician

Name of Child: \_\_\_\_\_, birthday \_\_\_\_\_

Each child enrolled needs to be examined by a licensed physician prior to entrance and be current with immunizations.

### Physician's Report

This report states that the child is in good health. It is implied that I have examined the child within the last six months. The child is under my professional care and to my knowledge is physically able to participate in the program and is free of communicable diseases.

Exceptions if any are:

Allergies (name all):

Animals: \_\_\_\_\_

Bee Stings: \_\_\_\_\_

Drugs: \_\_\_\_\_

Foods: \_\_\_\_\_

Environmental: \_\_\_\_\_

Accidents or  
Operations: \_\_\_\_\_  
\_\_\_\_\_

Current Formula/Feeding  
recommendations: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_