READY, SET, GROW! PRESCHOOL

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Brockport, New York 14420
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MEDICAL REPORT FORM
(Doctor generated reports welcome)

Name of Child Being Examined: Age:

Allergies:

Is the child under doctor's care or supervision for any medical reasons?
If so, please explain.

Does the child have any physical issues that would restrict activity?
If yes, please explain.

IMMUNIZATIONS: Please attach a copy of immunization record.

The above-named child was examined and found to be free from contagious and communicable disease.

Signature of examining physician: _____

Date of examination: _____

Physicians Information:

Name: _____

Address: _____

_____

Telephone Number: _____