



# EARLY LEARNING CENTER

## Physician's Report Form

Please note that the child's physician must fill out this form.

Please print the following information:

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Name: \_\_\_\_\_

Immunizations Due and Date: \_\_\_\_\_

Child's General Health: \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

*Please explain:*

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_

Specify any past or present significant illnesses:

\_\_\_\_\_

\_\_\_\_\_

Prescribed medications and drugs we should be aware of:

Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

This child has been examined by me on \_\_\_\_\_ and is free of any  
contagious or infectious disease. (Date)

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*\* A copy of the Immunization Records must be included with this form to be kept on file. This form will need to be completed each year before your child will be allowed to attend. \*\***