



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. ****

This form can be faxed back to The Early Learning Center at (985) 292-3122.