



**St. Philip's Preschool
Physician's Statement**

Child's Name _____

Date of Birth _____

This child has been examined by me within the past 12 months and is found to be in good health and able to attend child care. This child is physically able to participate in all aspects of the child care program.

Physician's Signature

Date

Results of Vision and Hearing Test *(if conducted)*

VISION SCREEN:	PASS	FAIL	HEARING	PASS	FAIL
Right Eye:			Right Ear:		
Left Eye:			Left Ear:		

Immunization Record

Please attach the child's immunization record. The record must include the signature of or be stamped by a physician or public health agency.

Allergies

If child has an allergy that requires emergency care please include an Allergy/Anaphylaxis Action Plan signed by a physician detailing the specific care and treatment that should be given.