



Medical Examination Form

Please provide to your pediatrician and have him/her complete, sign and date this form. The completed form must be returned prior to your child's attendance. A copy of your child's immunization record or an immunization exemption form, when applicable, must be attached.

Immunization record must be legible and include: the child's birth date, the number of doses and vaccine type, the dates (month/day/year) the child's birth date, the number of doses and vaccine types, the dates (month/day/year) the child received each immunization and the signature of the physician or health personnel.

_____ was seen in my office on _____
Child's Name **Date**

and is able to participate in a Preschool program.

Name of Licensed Physician

Address

City/State/Zip

Physician's Signature