



**PreK STUDENTS ONLY**  
**ANNUAL PHYSICAL EXAM FORM**

**CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY.**

The child care facility must obtain for every child who enrolls in the child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Name of Facility \_\_\_\_\_ Type of Facility \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**PAST ILLNESSES – Check those the child has had and give approximate dates:**

Chicken Pox _____	Rubeolo _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: \_\_\_\_\_  
\_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_  
\_\_\_\_\_

Describe any physical conditions requiring the facility's special attention: \_\_\_\_\_  
\_\_\_\_\_

Medication (s) prescribed: \_\_\_\_\_

Allergies: \_\_\_\_\_ and preferred routine: \_\_\_\_\_

If tuberculin test given: Date: \_\_\_\_\_ Result: \_\_\_\_\_

If chest x-ray given: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Vision \_\_\_\_\_ Hearing: \_\_\_\_\_

*Please provide a record of immunizations and dates administered and attach to this form.*

Date of most recent examination of the child: \_\_\_\_\_

Date \_\_\_\_\_ Examining Physician Signature \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_