

Child's Name: _____ Birhtdate: _____

HEALTH STATEMENT FORM
ONLY TO BE COMPLETED BY CHILD'S PHYSICIAN:

Please check all that apply:

_____ This child _____ is followed in this practice on a regular basis and receives annual physical examinations. This child appears to have no significant health issues that I feel should keep this child from attending preschool at this time.

_____ It is my recommendation that this child _____ **NOT** be put in preschool at this time due to health related issues.

_____ The Certificate of Immunization with an expiration date is included with this form.

Sincerely,

(Physician's Signature)

(Physician's Office Stamp)

(Date)

This Health Statement is to be filled out, updated, and submitted to the preschool annually.