



**CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)**

**IDENTIFYING INFORMATION**

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| CHILD'S NAME | BIRTHDATE |
|--------------|-----------|

**CURRENT STATE OF HEALTH**

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on \_\_\_\_ / \_\_\_\_ / \_\_\_\_, this child can participate in a child care program. This child has no special care needs unless specified below.

*(Date of medical examination must be within the last 12 months.)*

**PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE**

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

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| SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN | DATE |
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| PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT) |
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|   |  |
|---|--|
| NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.) | IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.) |
|   | TELEPHONE NUMBER   |