

Medical Report of Child in Day Care

To Be Completed By Physician, PA or NP

Child's Name	Date of Birth	Date of Exam
	/ /	/ /

Health Specifics		Comments
Are There Allergies (Specify)?	Yes___ No___	
Is medication regularly Taken (specify drug and condition)?	Yes___ No___	
Is a special Diet required (specify diet and condition)?	Yes___ No___	
Are there any hearing, visual or dental conditions requiring special attention?	Yes___ No___	
Are there any medical or developmental conditions requiring special attention?	Yes___ No___	

Tests		
<i>Tuberculin Test</i>		
Date___/___/___	Pos___ Neg___	Tine___ Mantoux___
<i>If positive, attach physician's statement documenting treatment and follow-up.</i>		
<i>Lead Screening</i>		
Date___/___/___	<i>Attach statement of lead screening</i>	

Summary of Physical Exam (including special recommendations to Day Care Provider)

Physician Signature

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that s(he) is free from contagious and communicable disease: Yes___ No___
s(he) is able to participate in day care: Yes___ No___

_____ Signature	_____ Address
_____ Name (please print)	_____ City, State, Zip
_____ Title	_____ Phone

******Please attach a copy of the child's immunization record or use the attached sheet******