

GRACE PROJECT INT'L PRE-SCHOOL MEDICAL REPORT

Child's Name _____ Date of Birth _____

Parent's/Guardian's Names _____

Address _____ Telephone _____

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases.

He/she is capable of participating in preschool activities: Yes _____ No _____

(If no, please list the reasons below.)

Any physical or medical conditions the school needs to know about? Yes ___ No ___

(If yes, please list below.)

Immunizations are up-to-date for the age of child: Yes _____ No _____

Laboratory and Other Tests: Yes _____ No _____

History of Allergies: _____

Physician's Signature _____

Date _____

Stamp