



Dear Physician: _____

is enrolled in an early childhood program licensed by the Department of Early Education and Care. At the time of admission, the Department of Early Education and Care's regulations require **a written statement from a physician as evidence of each child's annual physical examination, immunizations, and lead screening** in accordance with the Department of Public Health's recommended schedules. A prompt response is appreciated. Evidence of a physical exam is valid for one year from the date of the child was examined and must be renewed annually thereafter.

IDENTIFICATIONS

Name of child: _____ Date of Birth: _____

Address: _____

Phone number: _____

Name of Parent(s): _____

Address: _____

Date of Child's Exam: _____

What is your opinion concerning the child's general health and appearance? _____

Has the child been tested for lead poisoning? No _____ **Yes** _____ **Date** _____

Does the child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which would require a special consideration or care by the child care provider? If so, please detail.

Physician's signature: _____ Date: _____

Comments: _____

A valid certificate of immunization from your doctor is also required with this form.