

Pre-Enrollment Health Statement

Statement to Physician

Name of child _____ Birth date _____

Has applied to enter **The Harvest School**. This childcare center provides full day program five days a week. The daily activities include vigorous outdoor play and quiet indoor activities. Please provide a report on the above named child using the form below.

Parent or Guardian

Physician's Report

This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time. The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the preschool program described above.

Exceptions, if any, are:

Allergies: (Name All) _____

Bee Sting: _____

Drugs: _____

Illnesses: (Please Check)

____ Chicken pox ____ Measles ____ Rheumatic Fever ____ Hepatitis A ____ Hepatitis B
____ Mumps Rubella ____ Other ____ HIV ____ AIDS ____ Malaria ____

Accidents or operations:

Physician's Signature

Date: