

Full of Life Learning Center

MEDICAL RECORD

Please make a copy of Immunization Record (Front and Back) and Attach it to this sheet.

To Examining Physician:

It is necessary that a child entering a day care be free of infection or contagious diseases. Please complete this form and affix your signature.

Is this child physically and mentally able to participate in group activities? _____

Is this child free from infectious and contagious diseases? _____

Results of Eye Exam _____

Results of Ear Exam _____

Physician Signature _____

Date _____

INFORMATION CARD

Student's Name: _____

Address: _____

Street

City

State

Zip