

CHILD'S MEDICAL REPORT

Child's Name: _____ Date of Birth: _____

Name of Child's Parent or Guardian: _____

Address: _____

Telephone Number: _____

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child younger than five years of age and for five year olds who are not enrolled in public or private school.

History of Allergies: _____

I examined this child on (date) _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below.

Signature of Physician or Physician's Assistant

Date