

The Ark and Dove Preschool
P.O. Box 1139
Hopewell Junction, New York 12533
(845) 227-5232 Fax (845) 227-0435
Physicians Report

Name: _____ DOB: _____ M/F (Circle)

HT: _____ WT: _____

IMMUNIZATIONS

<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>
DPT/ DTaP _____	POLIO _____	HEP B _____	MMR _____
_____	_____	_____	HIB _____
_____	_____	_____	_____
_____	_____	_____	_____

Varicella _____ PCV _____

Lead Screening: _____ Vision: _____ Hearing: _____

Give dates of illnesses child has had:

Measles _____ German Measles (3 day) _____ Chicken Pox _____
Whooping Cough _____ Polio _____ Scarlet Fever _____
Urinary Tract Infection _____ Anemia _____ Mumps _____
Convulsions: Yes _____ No _____

ALLERGIES: _____

Disabling conditions, physical or affecting the child's participation in group activities are as follows:

I have examined _____ and find that he/she is free of infectious and contagious diseases.

Physician Signature: _____ Date: _____
(Required)

Date of Last Physical Exam: _____

Physician's STAMP (Required):