

Medical Information Form*

Dear Physician,

_____, is enrolled in a family day care home, which is licensed by the Office for Children. The Office for Children's regulations requires the Medical History and Immunization Form to be completed and signed by the child's physician or source of health care. A prompt response is appreciated.

Evidence of a physical exam shall be valid for one year from the date the child was examined and shall be renewed annually thereafter.

IDENTIFICATION

Name of Child:

Date of Birth:

Address:

Telephone #:

Name of Parents:

Address:

Date of Examination of Child: _____

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

Has the child been screened for lead poisoning? Yes ___ No ___.

If Yes, Date screened _____.

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

_____.

Physician's Signature

Date

Please return completed form to:

Judith L. Snay

7 Lynn Court

Bellingham, MA 02019

***A copy of your child's health & immunization schedule from your pediatrician is sufficient and can replace this form.**