

Child's **Full Name:** _____
Last First Middle

Note & Explain any unusual findings upon physical examination: _____

Does this child have any health conditions that would be hazardous to him/herself or to other children in a group setting as a result of participation in normal activities (including outdoor play & sports)? Yes No

If yes to above, what modification of normal activities would be necessary to protect both the child and his/her classmates? _____

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Yes No Explain: _____

The following must be completed by the physician of any child with a food allergy:
The child listed above is allergic to the foods listed under "allergies" in the medical history of this exam. It is appropriately, both medically and nutritionally, to substitute the following foods: _____.
Under these provisions, the health condition of this child is not so severe as to be potentially hazardous to the child at risk.

Physician's Signature *Date*
★ **MUST BE AN ORIGINAL SIGNATURE**

Name of Health Care Provider completing Physical Form:

Printed Name of Physician: _____

Physician Phone Number: _____

Physician's Signature *Date*
★ **MUST BE AN ORIGINAL SIGNATURE**

Additional Notes or Instructions: _____

