Fuller Hearts Preschool
Health Form & Medical Statement

Please attach a copy of your child's current Immunization Record.

Child's Name _____ Date of Birth _____

List any of the child's special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use: _____
_____
_____

ADMISSION REQUIREMENT BY LICENSING:

HEALTH-CARE PROFESSIONAL'S STATEMENT MUST BE SIGNED BEFORE CHILD CAN ATTEND SCHOOL (some shot records have this statement on it; if so, you do not have to have this one signed):

I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

_____ _____
Health Care Professional's Signature Date

State Licensing requires all **Four Year old** children enrolled in a school program to be screened for Hearing & Vision. This needs to be done by a physician or health care professional of your choosing. Please have the following information completed:

VISION R 20/_____ L 20/_____ ____PASS ___FAIL

SIGNATURE _____ DATE_____

HEARING 1000Hz 2000Hz 4000Hz
R _____ ____PASS ___FAIL
L _____ ____PASS ___FAIL

SIGNATURE_____ DATE_____