



**STUDENT PRE-ADMISSION
PRESCHOOL AND PREK PHYSICAL EXAMINATION**

Student's Name	Date of Birth	Date of Physical Examination
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Home Address	City	State	Zip	Home phone
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Please have your family health practitioner complete the following:

1. Is there any reason why this child cannot be immunized? ☐ Yes ☐ No

If yes, please explain: _____

2. Does this child have any special problems or conditions for which a childcare program or school would not be able to manage? ☐ Yes ☐ No

If yes, please explain: _____

3. Is this child cleared for attendance? ☐ Yes ☐ No

This child **is** cleared after completing evaluation/rehabilitation: _____

4. This child is NOT cleared for the following reasons:

Name of Physician (print)

Phone

Address

City

State

Zip

Signature of Health Practitioner

Date

Health Practitioner Stamp Here

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