

Dear Physician: _____
(Child's Name)

Is enrolled in a family child care home which is Licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as an evidence of each child's annual physical examination, immunization and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

Evidence of a physical exam is valid for one (1) year from the date child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____

Address: _____ Phone #: _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

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

Has this child been screened for lead poisoning? Yes _____ No _____

(At least one (1) time between ages 9-12 months; Annually-Ages 2 & 3; At Age 4 if High Risk for Lead Poisoning)

If YES, Date Screened: _____

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