



Dear Physician,

Child's Name

is enrolled in an early childhood program 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 evidence of each child's annual physical examination, immunizations 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 year from the date the child was examined and must be renewed annually thereafter.

Identification

Child's Name _____ Date of Birth _____

Address _____

Phone number _____ Cell number _____

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

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 provider? If so, please detail below: _____

Physician's Signature _____ Date _____

Additional Comments _____

Please return to: Loft School
 P.O. Box 683
 Marion, MA 02738