



Preschool (Infant-5 yr. old) Pre-Admission Examination Form

Child's Name _____

Date of Birth _____

Name of Doctor or Health Agency _____

Doctor's Address _____

Doctor's Telephone Number _____

Date of Pre-admission Exam _____

Is there any reason why this child cannot be immunized? _____

If yes, please explain _____

Does this child have any special problem or condition which a child care program would be unable to deal with? _____

If so, explain _____

Results of examination _____

Signature of Physician or Health Agency Representative