



## Preschool Statement of Physical Condition

Student's Name: \_\_\_\_\_ was given a physical examination within the last 12 months on: \* \_\_\_\_\_

Immunization records are up-to-date (Please attach record) \_\_\_\_\_ Yes \_\_\_\_\_ No

Next health care visit due by \_\_\_\_\_

Chronic medical Conditions: (List)

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Restrictions: (List)

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Allergies:

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\_\_\_\_\_ Cleared for age appropriate activities  
\_\_\_\_\_ Cleared for preschool attendance.



Doctors are Rx-tra Special

\_\_\_\_\_ Date

\_\_\_\_\_  
**\*\*Physician Name (Signature)**

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone