



## CHILD'S MEDICAL REPORT

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child younger than five years of age and for five year olds who are not enrolled in public or private school.

TO BE COMPLETED BY THE PHYSICIAN OR ASSISTANT:

History of Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I examined this child on \_\_\_\_\_, I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in Day Care activities, except as noted below.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Assistant

\_\_\_\_\_  
Date

