Dear Physician:	
(Child's Nam	
is enrolled in an early childhood program licensed by Department of Early Education and Care's regulations from a physician as evidence of each child's annuscreening in accordance with Department of Public He is appreciated.	s require at the time of admission a written statement all physical examination, immunizations and lead
Evidence of a physical exam is valid for one year f renewed annually thereafter. IDENTIFICATION OF THE PROPERTY OF THE PROPER	
122 21 (1 1 1	<u> </u>
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 he	ealth and appearance:
Has this child been screened for lead poisoning? Yes If Yes, date screened:	
Does this child have any disabilities or chronic medicarequire special consideration or care by the child care	
Physician's Signature:	
Date: Comments:	
Please return to Program:	