



Bowling Green Preschool, Bowling Green, OH 43402
419-354-0800

Child Medical Form

(To be completed by physician)

Child's Name _____ Date of Birth _____

Height _____ Weight _____

Limitations or health conditions (including allergies, medications and dietary restrictions)

Please attach a copy of the child's immunization record with dates and doses of all immunizations

Immunizations	Please Circle One	
	Complete for age	Yes
In Process	Yes	No

Exempt From Immunizations	Please Circle One	
	Complete for age	Yes
In Process	Yes	No

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program				Reason not completed (Check which one applies)	
Assessments/Screenings	Completed		Date Completed	Health Professional Decision	
Vision	Yes	No		Other (Examples: religious conviction, insurance coverage, etc.) Please explain.	
Hearing	Yes	No			
Dental	Yes	No			
Lead	Yes	No			
Hemoglobin	Yes	No			

This child has been examined and is in suitable condition to participate in group care.

Signature of Examining Physician/Physician's Assistant or Advanced Practical Nurse (Circle one) Address: Phone:	Date of Exam:
---	---------------