



St. Catherine
Early Childhood Education Center
Physician's Statement
2022-2023

Section I -Child Medical Information

Child's Name _____		Birthdate _____	
Height _____	Weight _____	BMI _____	M F

Optional Recommended Screenings:		Vision	Y	N	Other _____
Hearing	Y N	Lead	Y	N	
Dental	Y N	Hemoglobin	Y	N	

Immunizations*:	Exempt from Immunizations:
Complete for age Y N	Religious Conviction Y N
In Process Y N	Health Y N
*Please attach immunization report	Other _____

Limitations or health restrictions, including allergies, medications and dietary restrictions.

Section II –Child Medical Statement Verification

Physician/Medical Provider Name _____

Address _____ City _____ State _____

Phone _____

Check Box of Examining Medical Professional:

Physician

Physician's Assistant

Advanced Practice Nurse

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

Signature of Medical Professional

Date of Exam

___ Immunization record attached

