

Clemmons First Baptist Church Preschool
PO Box 279
Clemmons, NC 27012
Phone: 336-766-1335
Fax: 336-766-1794

Preschool Physical Examination Form

Form to be filled out by a medical professional and returned to the above address

Name of child _____ Date of birth _____
(last) (first) (middle)

Address _____

Sex _____ Height _____ Weight _____

Hearing _____ Vision _____

Do you consider that this child is in good physical condition to attend school? _____

Does this child have any physical restrictions? _____

Does this child have any allergies? Specify: _____

Does this child require any special medical treatment that we should be aware of? _____

Recommendations: _____

IMMUNIZATIONS: ALL PRESCHOOL CHILDREN ARE REQUIRED TO BE UP TO DATE WITH IMMUNIZATIONS: Please attach copy of completed immunizations.

Date of exam _____

Name of physician/clinic _____

Signature _____

Address _____
