

Clemmons First Baptist Church Preschool

PO Box 279

Clemmons, NC 27012

Fax: 336-766-1794

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: Please attach copy of completed immunizations

Date of exam _____

Name of physician/Clinic _____

Signature _____

Address _____