



Physicians Statement - 6

Child's Name: _____ Date of Birth: _____

Address: _____

Physicians Statement

The above named child is enrolled in a DEEC licensed program which requires, upon enrollment, a written statement by the child's physician, of a current annual physical examination, immunizations and lead screening in accordance with the DPH schedules. Evidence of the physical is valid for one year and must be renewed annually. Your prompt response with this is appreciated. **Please attach the child's medical records with this form** for verification of all immunizations, exams and screenings.

Physical Examination Date: _____

Has this child been screened for Lead poisoning? ____ Yes ____ No. Date: _____

If Yes, include lead screening level here: _____

What is your opinion concerning the child's general health and appearance: _____

Does this child have any disabilities, allergies or chronic medical problems which require special consideration by the child care providers? If so, please specify below: _____

Pediatrician's Practice Name _____

Address _____

Phone Number _____

Physician's name printed _____

Physician's Signature _____

Date _____