

Significant Medical Conditions (please check off)	YES NO		If YES, Explain
	YES	NO	
Hypertension			
Neuromuscular Disorder			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Skin Disorder			
Speech Difficulties			
Vision Disorder			
Other (please specify)			
Daily Medication(s) administered to your child and reason(s)			

Did you conduct a physical examination? _____ Yes _____ No

The physical examination should include a functional assessment of vision, hearing, and a systems review. Please list any communicable diseases or any condition that might endanger the health/welfare of other children or adults in the preschool setting.

Date of Examination:
Printed Name of Examiner:
Signature of Examiner:
Print complete address and telephone number of Examiner: