



PHYSICAL FORM*

**Families are invited to use their own pediatrician’s physical form instead. A current record of immunizations and proof of lead screening must also be attached.*

Dear Physician: (Child's Name) _____
is enrolled in an early childhood program licensed by the Department of Early Education and Care. The Department of Early Education and Care’s regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated. Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child: _____ Date of Birth: _____
Address: _____ Phone # _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

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

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care provider? If so, please detail below:

Physician's Signature: _____

Date: _____ Comments: _____

Please return to Program: Groton Community School, 110 Boston Road, Groton MA 01450

GCC PhysicianStatement20050701