



TO BE COMPLETED BY FAMILY PHYSICIAN
for any child under 18 years of age

Name and birth date of child:

Child's Height and Weight:

Is this child current on all immunizations?

Is this child free of communicable and contagious diseases?

Please comment on the health and development of this child:

Please comment on the level of care that this child has received in the home:

Date: _____

Physician's Signature: _____

Physician's Printed Name: _____

Address: _____
