Colonial PRESCHOOL
A MINISTRY OF COLONIAL PRESBYTERIAN CHURCH

FAX: 816.942.8032 Attn: Preschool

MEDICAL EXAMINATION REPORT*

Completion of this information is required by the Missouri Department of Health and Senior Services Bureau of Child Care*

Child's Name	Date of Birth

Parents, please note: Children not immunized will be excluded from participating in the program during any outbreak of vaccine preventable illnesses.

- I have examined the above-named child and verify that this child's medical history and current state of health ____ **are** ____ **are not** satisfactory for participation in a preschool program and child care.
- This child is in the process of receiving recommended immunization vaccines. ___**yes** ___**no**
- This child requires specialized care: ____ **yes** ____ **no**
  If yes, please explain below:

Comments/Recommendations: including special diets, allergies, ear infections, convulsion, diabetes, emotional problems, etc.

<u>Please attach a copy of this child's current immunization records from birth through the date of this examination.</u>

Signature & date of physician or RN under the supervision of a physician **Date:**	**Physician or RN's name printed**
Name of clinic, group practice, or other	**If RN is supervised by a physician, indicate the physician's name**
Address (Street, City, State, Zip Code)	**Telephone number** ( )

***This report is kept on file at the preschool facility:**

9500 Wornall Rd. Kansas City, MO 64114

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