

ELFINWILD CHURCH PRESCHOOL

3200 Mt. Royal Boulevard
Glenshaw, PA 15116
412-486-2322

Please have filled out at
next office visit.

PHYSICIAN'S FORM

CHILD'S NAME _____ BIRTHDATE _____ PHONE _____

ADDRESS _____ PARENTS _____

I have examined _____ and find him/her physically able to attend preschool.

Date _____

Physician's Name _____ Phone No. _____

Physician's Signature _____

Please list any special conditions pertinent to the child's health history _____

Please list allergies _____ Are child's immunizations up to date? Yes No