

# **FIRST STEPS DAYCARE CHILD MEDICAL EXAMINATION**

\_\_\_\_\_  
CHILD'S FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

Based on the assessment of this child's medical history, current state of health and my physical examination of the child on \_\_\_ / \_\_\_ / \_\_\_\_\_ this child can participate in a child care program. This child has no special care needs unless specified below.

(MEDICAL EXAM MUST BE WITHIN THE LAST 12 MONTHS)

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

\_\_\_\_\_  
PHYSICIAN OR NURSE PRACTITIONER PRINTED NAME

\_\_\_\_\_  
PHYSICIAN OR NURSE PRACTITIONER SIGNATURE

\_\_\_\_\_  
DATE

MEDICAL CLINIC NAME, ADDRESS, AND PHONE NUMBER: