

First Methodist Preschool Forney
2023-2024 PHYSICAL EXAM FORM
(to be completed by PHYSICIAN)

All paperwork
due at
Orientation.

Name of Patient _____ Height _____ Weight _____

Doctor's statement: I have examined the above named child within the PAST YEAR and find that he/she is physically able to take part in the Preschool program.

Physician's signature _____ Date _____

Physician's stamp or Printed name _____

Physician's office address and telephone number _____

Food Allergies _____

For food Allergies **Physician must fill out attached FARE form.

****All Students: Please attach a COMPLETE list of all Immunizations from birth to present or official state affidavit of any exemptions**

****All 4 yr olds: Please attach Hearing and vision screenings results** (screenings can be done by your child's pediatrician.)

(Section below to be completed by Parent/Guardian)

Please let us know if your child has special problems or special care needs such as:

Food Allergies _____

For food Allergies **Physician** must fill out attached FARE form.

Drug or other Allergies _____

Existing illness, previous serious illness &/or injury _____

Hospitalizations during the past 12 months _____

Medications prescribed for continuous long-term use _____

Childhood illness _____

Physical handicap or speech impediment _____

Emotional problems or other information that you feel would help the teacher understand your child

Parent Signature: _____