

The Hilltop School
218 Ohio Street
Bangor, Maine 04401
(207) 945-3705
Fax-(207) 945-3690

PREAMISSION HEALTH EVALUATION
This form must be completed and returned prior to admission

Statement of Physician

_____ born _____
Child's Name Birthdate
is seeking enrollment in our childcare facility. The daily activities include vigorous and quiet play, indoors and out, and play with groups of children. The schedule includes morning and afternoon snacks, lunch, and a rest time after lunch.

Please report on the above-named child using the form below and return it to the above address.

PHYSICIAN'S REPORT

- The above named child is physically and emotionally able to participate in the program described above.
- The above named child is NOT physically and emotionally able to participate in the program described above.

Comments: _____

Child's physical conditions or allergies requiring special attention at The Hilltop School:

Medication prescribed or special routines which should be included in the facility's plan for this child

Immunizations: (Please attach a copy of immunization records to this form)

- The child is properly immunized for his/her age.
- The child is NOT properly immunized for his/her age.

If the child is not properly immunized please check reason below:

- Medical reasons
- Philosophical reasons
- Other Please explain: _____

Please see other side

Does the child have any obvious ocular abnormalities?

- Yes
- No

Comments: _____

Does the child's hearing seem to be adequate?

- Yes
- No

Comments: _____

Please list the date of the most recent examination of child: _____

At the time of the last examination was he/she free from communicable and contagious disease?

- Yes
- No

Comments: _____

Name of medical facility: _____

Phone Number: _____

Date

Physician's Signature