

FUMC Preschool

Physician's Statement

I have examined _____ in preparation for
Name of child

attendance at First United Methodist Preschool program during the 2016-17 term.

I have noted the following:

___ No restrictions

___ Activity restrictions _____

___ Special attention or care needed:

Are immunizations up to date?

___ Yes

___ No

Explain _____

Signature _____ Date _____

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Physician