Little Farmers Academy
MUSKINGUM VALLEY PRESCHOOL
CHILD MEDICAL STATMENT
Due within 30 days of enrollment
****Return to the LFA office or see bottom for mailing/faxing****

Child's Name (print or type)	**Date of Birth**
Parent's Name	**Date of Exam**

Height _____ Weight _____ Blood Pressure _____

Lead* _____ Date _____ Hemoglobin* _____ Date _____

* *Include previous results from file if not indicated for completion at this visit.*

Vision Screening: Right 20/_____ Left 20/_____ Hearing Screening: Pass ____ Fail _____

This child has the immunizations for admission to school or is exempt from state requirements for medical reasons.

Immunizations	Please Circle One	
Complete for Age	Yes	No
In Progress	Yes	No

*Please attach current immunization record available

Exempt from Immunizations	Please Circle One	
Religious Conviction	Yes	No
Health Concern	Yes	No
Other:		

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
Well Nourished			Well Developed		
Skin			Head		
Eyes			Ears		
Nose/Mouth			Teeth		
Lungs			Heart		
Abdomen			Genitalia		
Bones, Joints, Muscles			Neurology		
Comments:			List any handicaps, allergies or health conditions:		
Next Appt: mo/yr					

Based upon his/her medical history and physical condition at the time of this examination, this child appears to be free from apparent communicable disease and in suitable condition to receive child day care.

Name of Provider (please print)	**Telephone Number ( )**
Address	
Provider's Signature	**Date**

Please return form to:
Little Farmers Academy
1592 Fairview Rd.
Zanesville, OH 43701

Fax: 740-455-6702
Attn: Preschool

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