

PEACE LUTHERAN PRESCHOOL AND DAYCARE  
**MEDICAL STATEMENT**  
 TO BE COMPLETED BY PHYSICIAN

\_\_\_\_\_ has been examined by  
 \_\_\_\_\_  
Child's name  
 me and found free of infectious and contagious disease and is physically able to participate in group  
 activities.

\_\_\_\_\_  
Date of examination

Any Allergies or special recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**VISION AND HEARING**

If your child is four years old or older at date of admission, we need to have annual vision and hearing screening information on file. We can do this at Peace Lutheran Preschool for a nominal fee (watch for more information and a permission slip), or you can provide this information from your physician.

If you wish to provide this information, please have your physician complete the following:

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	