

Physician's Health Statement

Child's Name _____ D.O.B _____

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 at Acton Baptist Wee School.

Pertains to all 4 year olds.

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

Physician's Signature

Date