



Edge Park United Methodist Preschool

Statement of Health

Statement of health and current immunization record must be on file before admission.

Child's Name: _____

Exam Date: _____ Age: _____

Physical Exam: normal abnormal

Comments: _____

Type of Screening: _____ Screener: _____ Date: _____

Vision Screening

R-Eye _____

L-Eye _____

Hearing Screening

R-Ear _____

L-Ear _____

(required for Pre-K)

Statement of Health

This patient is free of contagious diseases: yes no

Immunizations are up-to-date: yes no

This patient may participate in all school activities without limitations: yes no

Comments: _____

Physician signature: _____

Date: _____