

**Stepping Stone Preschool  
Physician's Statement for Preschool**

Student's name:		Sex: Male Female		Date of birth / /	
The following information is REQUIRED for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program					Reason not completed (Check which applies)
Assessments/Screenings	Results	Medical intervention	Date completed	Professional Decision	Other: religious, insurance coverage
Height / Weight / BMI percentile		Yes No			
Vision screening	20/ __      20/ __	Yes No			
Hearing @ 1000, 2000, 4000 mHz at 20 dbI	Pass      Fail	Yes No			
Dental	WNL      XXXX	Yes No			
Hematocrit	WNL      ug/dL	Yes No			
Lead: venous or capillary	WNL      ug/dL	Yes No			
Tuberculin test: Is child at risk according to CDC risk assessment survey?	No      Yes:Negative Positive				

**Immunizations: Up-to-date Yes No-Reason** \_\_\_\_\_  
 Attach a copy of the immunization record

Current season influenza vaccine: Date received \_\_\_\_\_ Student will receive: Yes or No Parent declines: Yes or No

Health History (serious or chronic illnesses/injuries/surgeries/medications) \_\_\_\_\_  
 \_\_\_\_\_

Date of most recent Physical Exam \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. WNL Abnormalities as follows: \_\_\_\_\_  
 \_\_\_\_\_

2. This child is able to participate fully in: Physical education class Yes No  
 Classroom/academic activities Yes No

If not, please specify restrictions: \_\_\_\_\_

3. Does this child have dietary restrictions and/or allergies? No Yes, please elaborate \_\_\_\_\_  
 \_\_\_\_\_

4. Does this child have any physical, developmental or behavioral issues that may affect his/her educational process? No Yes, please elaborate? \_\_\_\_\_  
 \_\_\_\_\_

Healthcare Providers Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If this child requires any special medical services during the school day additional detailed instructions are required. Forms such as an Asthma Action Plan, Diabetes Medical Management Plan, Seizure Action Plan, Authorization to Administer Medications can be accessed on our website BBHCSD.org, Under Departments; click on Pupil Services; click on Health Services. Select form needed.