

**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.