



Well Child Checkup

_____, _____, was examined by me on _____
Child's Name *date of birth* *Date*

for a Well Child Checkup and is able to take part in your child-care program.

Physician's Signature

Date

FOR SCHOOL-AGE CHILDREN ONLY

My child: _____ attends _____

Public School: Address & Phone # _____

His/her shot records are on file @ that campus

Parent signature _____