

If this child has any physical, developmental or behavioral problems, how can the school assist with special programs, placement or attention?

Immunizations given at time of exam _____

PHYSICIAN'S ASSESSMENT

Problem list

Recommendation for school management

1.	1.
2.	2.
3.	3.

PLEASE PRINT OR STAMP

Physician's name _____

Physician's signature _____

Address _____

Phone _____

Date signed _____