

CHRIST THE KING EARLY CHILDHOOD CENTER  
P.O. BOX 164 600 WALNUT STREET  
CARY, NORTH CAROLINA 27512-0164

PHYSICIAN'S REPORT

Please have your physician complete this form. It must be presented to the preschool by the first day of school. School year \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

2. General Health \_\_\_\_\_

3. Immunizations (dated):

D.P.T. \_\_\_\_\_

Polio \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Rubella \_\_\_\_\_

HIB \_\_\_\_\_

Chicken Pox \_\_\_\_\_

4. Diseases your child has had (include dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Allergies and/or restrictions, if any:

\_\_\_\_\_

\_\_\_\_\_

6. Physician's/Parents' comments:

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_