FIRST BAPTIST CHILDREN'S WEEKDAY EDUCATION CENTER

PHYSICIANS STATEMENT

Child's Name_____

Date of Birth_____

Health Examination

A complete physical was given on _____(date).

Physician's Recommendation:

_____This child may be admitted to a child care facility.

_____Other (explain)

Physician's Signature_____

Address_____

Phone (_____)_____ Date_____

DOCUMENTATION OF VARICELLA (CHICKENPOX) ILLNESS

1. A written statement from a physician or the child's/student's parent or guardian:

"This is to verify that _____had varicella disease (chickenpox) on or about _____ and does not need varicella vaccine.

_____ _____

Parent/ or Guardian Signature Relationship to student

Date_____

2. Or by serologic confirmation of varicella immunity.

VISION AND HEARING EVALUATION

(THIS IS REQUIRED for all children entering Pre-K and Kindergarten!)

<table>
<tr><td>VISION</td><td>R 20/_____</td><td colspan="2">L 20/ _____</td><td>❑ PASS
❑ FAIL</td></tr>
<tr><td colspan="3">SIGNATURE _____</td><td colspan="2">Date _____</td></tr>
<tr><td>HEARING</td><td>1000 Hz</td><td>2000 Hz</td><td>4000 HZ</td><td rowspan="3">❑ PASS

❑ FAIL</td></tr>
<tr><td>R</td><td></td><td></td><td></td></tr>
<tr><td>L</td><td></td><td></td><td></td></tr>
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Revised January 2017