

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION

16290 PIERSIDE LANE WILDWOOD, MO 63040

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

CURRENT STATE OF HEALTH Based on my assessment of this child's medical history, current state of health and my physical examination of the child on /, this child can participate in a child care program. This child has no special care needs unless specified below. (Date of medical examination must be within the last 12 months.) PHYSICIANS INSTRUCTIONS FOR SPECIALIZED CARE Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.) Include the Student's Immunization Report The Completed Medical Examination and Immunization Reports are required Prior to School Attendance SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN DATE PHYSICIANS ON NURSES NAME (PLEASE PRINT) IF NURSE STAMP) IF NURSE STAMP) IF NURSE STAMP) TELEPHONE NUMBER	IDENTIFYING INFORMATION		
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