

Hope Rising Preschool

Doctor's Statement

This form **MUST** be signed and dated by the child's physician
FOR ALL CHILDREN ENROLLED AT Hope Rising!

I have examined _____ within the

 Print Child's Name
 past year and find that he/she is physically able to take part in the activities at
 Hope Rising Preschool.

 Signature of Physician

 Date

Please attach a copy of this child's current immunization record. The
 copy must be signed or stamped by the doctor.

Hearing and Vision Screening (Required for 4 years and up)

Child's Name: _____ DOB: _____

Hearing

Date:		Signature:		
Hz	1000	2000	4000	Pass/Fail
Right				
Left				

Vision

Date:		Signature:	
Right:	20/	Left:	20/