

301 Marine Blvd.
Jacksonville, NC 28540
(910) 455-4814 ext. 106



PHYSICIAN SIGNATURE FORM

Name of Child: _____ Date of Birth: _____

Is the child up to date on required vaccinations: _____

Immunizations: Please attach a copy of your child's immunization record.

To the Physician: Do you know of any reason why this child should not participate in normal preschool activities, including supervised vigorous outdoor play or any conditions that should limit his/her participation in such activities? _____

This child was examined by:

(Physician's name)

On: _____

(date)

(Physician's Signature)