



Creative Learning Center
For Very Young Children

1828 Chapel Street ~ Winston-Salem, NC 27127 ~ Phone/Fax 336-773-0017
www.CreativeLearningCenterWS.com

Enrollment Date _____

PRE-SCHOOL CERTIFICATE OF MEDICAL EXAMINATION
TO BE COMPLETED BY FAMILY PHYSICIAN OR CLINIC

This is to certify that _____
Child's Name Birth date

Child of: _____
Mother Address Phone

_____ Father Address Phone

Was examined by me on _____, and based upon his/her medical history and
Date of Examination

physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition for enrollment in a child day care facility; and has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the State Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons.

DPT Series and Boosters Dates: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Polio Series Dates: 1st _____ 2nd _____ 3rd _____ 4th _____

* The 5th DPT and 4th Polio are normally administered just prior to Kindergarten.

Measles (Rubella, 10-day) Date: _____

Rubella (3 day) Date: _____

Mumps Date: _____

Haemophilus b Polysaccharide (Hib) Date: _____ (Required for children ages 2-4 yrs.)

Is able to participate in all regular activities except: _____

REMARKS: _____

Physicians Signature: _____ Date: _____

Clinic Name: _____ Phone: _____

Office Location _____ City, State, Zip: _____