Noah's Ark Academy

MEDICAL REPORT

Child's name_____ Date of birth_____Sex:_____
(Last Name, First Name)

***Please attach a copy of this child's immunization record

ADMISSION REQUIREMENT:

☐ Doctor's Statement: I have examined the above-named child on (_____) and found him/her free
(date)
of infections and contagious disease. He/She is physically and mentally able to participate in school programs and group activities.

☐ The above-named child has physical limitations, special needs or disabilities (for example allergy, Diabetes, Heart or continous use of medications.)

☐ Allergies (list):

_____

☐ Dietary Restrictions:

_____

☐ Routine Medications:

_____

☐ Disabilites (please specify):

_____

☐ Asthma ☐ Nosebleed ☐ Earaches ☐ Others _____

Dates of past illnesses, accidents or hospitalization:

_____

_____

_____ _____
Physicians Signature Date

_____ _____
Address Telephone no.

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