



TRINITY UCC PRESCHOOL
2340 State Street
East Petersburg, PA 17520
569-1632 569-0592

PHYSICIAN'S REPORT

Date _____

This child _____ has been
examined by me, and found to be in _____ physical
condition.

Known allergies:

Immunization Record (check one)

_____ This child is up-to-date on the recommended childhood immunizations.

_____ This child is **not** up-to-date on the recommended childhood
immunizations due to medical reasons as explained _____

_____ This child is **not** up-to-date on the recommended childhood immunizations due to religious
beliefs/family choice as explained _____

Parent/Guardian signature _____ Date _____

Suggestions or recommendations the school should be aware of

Any restrictions? _____

Physician's Signature _____

_____ Date