Fort Hill
Center for Early Childhood Education
Smith College
28 Lyman Road
Northampton, MA 01063
413-585-3290

Dear Physician:_____ is enrolled in our program
(Child's Name)
and we require that the Medical History and Immunization Form be completed and signed by the child's physician or source of health care. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Name of Child:_____ Date of Birth:_____

Address: _____Phone: _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance:

_____
_____
_____

Has this child been screened for lead poisoning? Yes _____ No _____

If Yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care. If so, please detail below:

_____
_____
_____

Physician's Signature: _____

Date: _____ Comments: _____
_____
_____

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