

P.O. Box 5760
Avon, CO 81620
(970) 949-4590

Rumpelstiltskin



Medical Report

Child's Name: _____ Date of Birth: _____

Address: _____

1. Surgery, accidents, illness, chronic or handicapping problems:

_____ 2.

Physical findings (include, if tested, vision and hearing):

_____ 3.

Comments and recommendations for the teachers:

I have thoroughly examined the above named child and find him/her physically capable of participating in all of the indoor and outdoor activities included in the school program.

Physician's Signature: _____

Date: _____

NEXT EXAM IS DUE: _____

This report can be mailed to: P.O. Box 5760, Avon, CO. 81620