



Physician's Report

To be completed by a licensed physician.

Please fax this report to:
 Bellevue Campus
(425) 455-1661
 Kirkland Campus
(425) 889-1011

Child's Name	Date of Birth
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Your patient is currently applying for enrollment in Cedar Crest Academy, a pre-school, pre-Kindergarten, and Kindergarten program for children 36 months to 6 years old. Our program is a group setting; the Washington State maximum staff to child ratio for the child's specific age group is _____ to _____.

Please assist us by providing the following information:

Date of last physical examination: _____

Child can participate in all activities
 Child should have limited activities as follows: _____

1. Please indicate any modifications or limitations that are required for the child to participate in a group care setting: _____

2. Please indicate any medical treatments the child is currently undergoing. _____

Please comment on the following:
Vision: Normal Abnormal
Comments: _____
Hearing: Normal Abnormal
Comments: _____
Overall condition of general health _____

Does the child have any allergies? List _____

Does child have any dietary restrictions? List _____

Does child require special prescription or medications? List _____

Physician's Signature _____ Date _____

Physician's phone number _____