

THE COMMONWEALTH OF MASSACHUSETTS



Department of Early Education and Care

Dear Physician:

The following child is enrolled in an early childhood program licensed by the Department of Early Education and Care.

Department regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. A prompt response is appreciated.

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 by the day care provider? If so, please detail below:

Physician's Signature: _____ Date: _____

Comments: _____

Please return to:

Rockland Montessori Academy
122 Maple St
Malden, MA 02148
781-321-3339