



ADDENDUM E
Western New Mexico University
Early Childhood Programs
PRE-ENROLLMENT HEALTH
STATEMENT



Statement to Physician:

Name of Child Date of Birth

has applied to enter _____. This school provides daily activities to include vigorous outdoor play and quiet indoor activities. Please provide a report on the above named child using the form below.

Parent or Guardian Signature

Physician's Report:

This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time (depending upon the health status of the child). The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the Early Childhood Program listed above.

Exceptions, if any, are:

Allergies (name all):

Animals:

Bee sting:

Drugs:

Food:

Illnesses: (please check)

Chicken Pox _____ Measles _____ Rheumatic Fever _____ Hepatitis A _____
 Hepatitis B _____ Mumps _____ Rubella _____ AIDS _____ Malaria _____
 Other _____

Accidents or Operations:

_____ Date: _____
Physician's Signature