



Suite 101, 57 East Main Street, Westborough, MA 01581

(508) 366-9288

eBridge Montessori School Physical Examination and Immunization Record Form

Dear Physician:

_____ is enrolled in eBridge Montessori School which
(Child's Name)
is licensed by the Department of Early Education and Care. The Department of Early Education and Care regulations 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

Child's Name _____ 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 our school? If so, please detail below:

Physician's Print Name _____ Signature: _____

Date: _____

Please send this form along with the immunization form to:

eBridge Montessori School, Suite 101, 57 East Main Street, Westborough, MA 01581