Chevy Chase United Methodist Church Preschool
7001 Connecticut Avenue • Chevy Chase • Maryland 20815
• 301-652-7660 •

MEDICAL REPORT FOR PARTICIPATING PARENTS
TO BE COMPLETED BY A HEALTH PRACTITIONER

Name of parent: ________________________________ Date of Birth __________________

Health Practitioner: The person to be evaluated plans to participate in a preschool classroom.

1. Restricted or Require Special Conditions from contact with children in care due to having any of the following:

Communicable Disease: ____

Chronic Medical Condition or physical impairment: ______________________________

Vision/Hearing/Speech Disorder :____

Nervous or Emotional Disorder :____

Drug or Alcohol Abuse: ____

Immunization Status :____

2. Tuberculosis Screening: (if needed or required by the Local Health Officer.)

Type of Test: ______________________ Results: ____________ Date _____________

Parents who work with children in the preschool must be able to participate fully in a program for active youngsters. This includes lifting young children, getting up and down from the floor, lively outdoor activities and moving furniture. It may also include transporting children in a motor vehicle.

3. Describe medical limitation(s) or medication(s) the person is taking that may impair the personøs ability to perform child care-related activities, such as the ones noted above:

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________________________________ _______________ ________________________
Signature of Health Practitioner, CNP, RPA Date Phone Number

____
Print Name Address

Rev 8/08