

**Form due by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Tiny Tot Learning Center

221 N Main

Fort Stockton Texas 79735

432-336-6433

email: tinytotfs@yahoo.com

**Please take this form to your pediatrician’s office and return it to the daycare.**

**Health Care Professional’s Statement:**

I have examined\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ within the past year and find that he/she is able to take part in the daycare program.

**Health Care Professional’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:\_\_\_\_\_\_\_\_\_**

**Hearing and Vision Screening:**

We will also need a copy of your child’s Hearing and Vision Screening (**for children 4 yrs and older ONLY)**

**Vision Exam Results**

Right Eye 20/ \_\_\_\_\_\_ Left eye 20/ \_\_\_\_\_\_ Pass/Fail (circle)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing Exam Results**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ear** | **1000HZ** | **2000HZ** | **4000 HZ** | **Pass/Fail** |
| **Right** |  |  |  |  |
| **Left** |  |  |  |  |

**Health Care Professional’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date:\_\_\_\_\_\_\_\_\_**