**South Shore Community Center Nursery School**

**Physician Statement**

Children enrolled in SSCC Nursery School are required by the state of Massachusetts EEC licensing to submit a written statement from a physician as evidence of each child’s annual physical examination, immunizations and lead screening in accordance with the Department of Health’s recommended schedules, at the time of admission.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Examination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child been screened for lead poisoning?

Yes\_\_\_\_ date screened\_\_\_\_\_\_\_ No\_\_\_\_

Does the child have an individual Health Plan for a chronic health condition?

If yes please attach.

Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_

*Parents please note that a copy of your child’s last physical exam can be used as documentation for this requirement. Please make sure immunizations and lead screening is included on the form.*