



WASHOE COUNTY

"Dedicated to Excellence in Public Service"

DEPARTMENT OF SOCIAL SERVICES
Child Care Services

350 SOUTH CENTER STREET, 3rd FLOOR
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE: (775) 337-4470

PHYSICAL EXAM FOR CHILD CARE ATTENDANCE **(Please complete and return to the Daycare Facility the child attends.)**

Child's Name: _____ Date of Birth: _____

Name of Daycare the child attends: _____

Significant Health History (major health problems, etc.): _____

Allergies: _____

Current Medications: _____

Over-the-counter medication this child may have include:

<u>Type</u>	<u>Frequency</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

A physical exam was performed on: _____

This child may attend child care/preschool.

Comments: _____

Signature of Physician or Registered Nurse

Date