

SCHOOL AGE PHYSICAL ADDENDUM

Child's Name _____ DOB: _____

To be completed by physician:

- The child named above is able to participate in child care and appears to be free from contagious or communicable disease.

Physician's Signature: _____ Date: _____

Physician's Name: _____

Parents: This needs to be completed if the physical form titled "Private Physician's Report of Physical Examination of a Pupil of School Age" is turned in for your child instead of a DHS Child Health Report (55 PA CODE 3270.131, 3280.131 and 3290.131)

THIS FORM MUST BE ATTACHED TO THE PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE