Angel Land Preschool at Cross Church NRH Health Form & Medical Statement

Attach a Copy of Current Shot Records

Child's Name			Date of Birth			
	injuries, disabil	ns or needs including kn ities, any hospitalization , continuous use:				
ADMISSION REG	QUIREMEN	T BY LICENSING:				
		STATEMENT MUST BE is statement on it, you do				
I have examined the a		nin the past year and find	d that he/s	he is physically	able to take part in	
Health Care Professional's Signature			Date			
State Licensing requi Hearing and Vision. Please have the follow	This needs to b	ear-Old children enroll e done by a physician or n completed:	ed in a scho health caro	ool program to be professional of	pe screened for f your choosing.	
VISION	R 20/	_ L 20/	PASS	FAIL		
SIGNATURE		DATE				
HEARING	1000Hz	2000Hz		4000Hz		
R L				PASS PASS PASS		
SIGNATURE		U.	ΔTF			