

Fort Hill  
Center for Early Childhood Education  
Smith College  
28 Lyman Road  
Northampton, MA 01063  
413-585-3290

Dear Physician: \_\_\_\_\_ is enrolled in our program  
(Child's Name)  
and we require that the Medical History and Immunization Form be completed and signed by  
the child's physician or source of health care. A prompt response is appreciated.

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

IDENTIFICATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of Examination of Child: \_\_\_\_\_

What is your opinion concerning the child's general health and appearance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this child been screened for lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, date screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision,  
etc.) which require special consideration or care. If so, please detail below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return to: Fort Hill  
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