



Preadmission Report by Physician

Name of Student: _____

Date of Birth: ____ / ____ / ____

The student who has been mentioned above is being enrolled at the Ahlia School. He / She will attend our school five days a week **7:00AM – 1:30PM (Elementary) & 7:00AM-12:40PM (Preschool)**, and sometimes beyond these hours for extra curricula activities. Our daily program involves both vigorous and quite indoor and outdoor play; we will also introduce activities that deal with tasting food like cooking activities, and field trips to different places in town. Although all the activities are under the teacher's close supervision, certain information will be helpful to us. So please complete the following for:

- Does this student have any physical condition that we should be aware of? Please specify.

- Does this student require special attention, medication, or routines that may have to be taken into consideration in playing while in school? Please specify:

- In your opinion, is this student physically and emotionally able to participate in a school program like the one described above?

Has this student received any of the immunizations listed below? If so, when?

| | | |
|-------------------|------------------|-----------------|
| Diphtheria | Pertussis | Tetanus |
| Rubella | Rubeola | Smallpox |
| Polio 1 | Polio 2 | Polio 3 |

If others, (specify): _____

- Result & Date of last vision test: _____
- Result & Date of last hearing test: _____

Physician's Signature

_____ Date: ____ / ____ / ____

Please Stamp: