

**Doctor's Examination Statement**  
(Subsequent Exam)  
**Plymouth Nursery School**  
4126 Ingersoll, Des Moines, IA 50312

I have examined \_\_\_\_\_, or have sufficient ongoing knowledge of his/her medical condition to state this child is free of any communicable or infectious disease, and is able to participate in a child care program.

Restrictions:

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's address

\_\_\_\_\_  
Date

Note:

This form is to be used for a child entering a program for the second or succeeding years. The exam must have been taken within a year of the date on the previous exam during the period of years the child is enrolled at preschool. Date of current medical form in our Plymouth Nursery School file: \_\_\_\_\_