



Child Health Form  
2019-2020  
Simpsonwood Preschool  
4500 Jones Bridge Circle  
Peachtree Corners, GA 30092

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Are all recommended immunizations up to date? \_\_\_\_\_ \*Attach form 3231

I have examined the above named child during the past year. The child, at the time of examination, was free of infectious or communicable disease, and the child is able to participate in school activities for children aged 12 months through 5 years at preschool.

\_\_\_\_\_  
Signature of licensed physician

\_\_\_\_\_  
Date