



Dear Physician,

The completion of this form is necessary for this child to attend the Preschool-Kindergarten at The Denver Waldorf School.

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Mother or Guardian's Name: \_\_\_\_\_

Father of Guardian's Name: \_\_\_\_\_

Date of Last Examination: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

Comments and recommendations: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

You can fax a copy of this form to The Denver Waldorf School to the attention of Christa Gustafson at 303-744-1216. Please call Christa at 303-777-0531 x100 if you have any questions.