

ST. JOHN CHRISTIAN PRESCHOOL  
MEDICAL UPDATE FORM

Since we have a physical form on file for your child, the Iowa Department of Human Services does not require us to have a second one for the upcoming year. However, the State does require us to have a Medical Update. This form should be used for that purpose. It does not require a full physical examination. This form should be returned on the first day of school. Thank you.

CHILD MEDICAL UPDATE

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 if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of attending physician

\_\_\_\_\_  
Present date

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

\_\_\_\_\_  
Physician's city

**Note: This form is to be used for a child entering a program for the second or succeeding years.**