MULTILINGUAL ACADEMY HEALTH REQUIREMENTS FORM

Name of child:			Date of birth:			
			•			
☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.						
Health Car	ignature	Date				
Name of Health Care Professional: Please Print						
Address of Health Care Professional:						
4 Year Old Vision & Hearing Screening Required for Children 4 years or older (If child Fails testing or is uncooperative, a re-test date must be noted)						
VISION	R 20/	R 20/			PASSFAIL	
SIGNATURE:			DATE: RE-TEST DATE:			
				1		
HEARING	1000 Hz	1000 Hz		1000 Hz	PASS	
R						
L					FAIL	
	1	I				
SIGNATURE:			DATE:	RE-	RE-TEST DATE:	
			•			
SIGNATURE-PARENT OR LEGAL GUARDIAN				DATE		