



Physician's Report

To be completed by a licensed physician.

Please fax this report to:

Bellewood Campus
425-454-2442

Child's Name

Date of Birth

Your patient is currently being enrolled in Cedar Crest Academy, an Elementary Program. Our program is a group setting; the Washington State staff to child ratio for the child's specific age group is 1 to 15.

Please assist us by providing the following information:

Date of last physical examination: _____

☐ Child can participate in all activities

☐ Child should have limited activities as follows: _____

1. Please indicate any modifications or limitations that are required for the child to participate in an educational setting: _____

2. Please indicate any medical treatments the child is currently undergoing. _____

3. Does the child have a current diagnosis or qualify for Special Education Services? _____

Please comment on the following:

Vision: ☐ Normal ☐ Abnormal

Comments: _____

Hearing: ☐ Normal ☐ Abnormal

Comments: _____

Overall condition of general health _____

Does the child have any allergies? List _____

Does child have any dietary restrictions? List _____

Does child require special prescription or medications? List _____

Physician's Signature

Date

Physician's phone number _____ Physician's fax number _____