

WASHOE COUNTY

"Dedicated to Excellence in Public Service"



350 SOUTH CENTER ST.
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PHONE: (775) 337-

DEPARTMENT OF SOCIAL SERVICES
Child Care Services, Children's Services Division
4470

PHYSICAL EXAM FOR CHILD CARE ATTENDANCE **(Please complete and return to the Daycare Facility the child attends.)**

Child's Name: _____ Date of Birth: _____

Name of Daycare the child attends: _____

Significant Health History (major health problems, etc.): _____

Allergies: _____

Current Medications: _____

Over-the-counter medication this child may have include:

Type

Frequency

Dosage

A physical exam was performed on: _____

This child may attend child care/preschool.

Comments: _____

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Signature of Physician or Registered Nurse

Date