



WASHOE COUNTY HUMAN SERVICES AGENCY

350 S. CENTER STREET
RENO, NEVADA 89501-2103
PHONE: (775) 337-4470
FAX: (775) 337-4495

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:

Signature

Date



INTEGRITY



**EFFECTIVE
COMMUNICATION**



**QUALITY
PUBLIC SERVICE**

350 S. CENTER STREET, RENO, NV 89501

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