

7. Child may participate in unrestricted physical motor activity.
() YES () NO (If no, please answer question # 8)

8. Indicate those physical or motor activities that are contraindicated for this child.

9. Please state additional precautions that should be considered, e.g. Rx medication and possible reaction, allergies (e.g., peanut, gluten, asthma, and diabetes). Please explain.

10. Has the child been diagnosed with HIV, Hepatitis B or any other communicable disease that should be brought to our attention?

11. Can we phone you concerning additional medical information that may be needed?

Attending Physician: _____ MD
(PLEASE PRINT)

Signature: _____

Date Completed: _____

Address: _____
(NUMBER & STREET)

(CITY) (STATE) (ZIP CODE)

Office Telephone #: () - _____

Thank you for completing this form.

Please return to: Sheila Campbell, Program Director
Children's Physical Developmental Clinic
Bridgewater State University
Bridgewater, MA 02325
Phone: 508-531-1776 Fax: 508-531-2961

Website: my.bridgew.edu/departments/cpdc/

Email: cpdc@bridgew.edu