

**St. Mark's Lutheran Preschool  
454 Fieldstone Road  
 Mooresville, N. C. 28115  
704-664-2009  
Fax 704-660-7737**

**Physician's Statement**

I have examined \_\_\_\_\_ and find that this child is in  
Child's name  
good health, and I am aware of no limitations to his or her participation in the normal  
activities of a preschool child.

I have noted the following, if applicable:

Known food allergies/ other severe allergies \_\_\_\_\_

\_\_\_\_\_

Special attention and care is needed for \_\_\_\_\_

\_\_\_\_\_

Developmental concerns \_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Please attach a copy of the child's immunization records.**