**Date:** [Date of Examination]

**To:** [Name of Daycare Facility/To Whom It May Concern]

**Subject:** Physical Examination Clearance

**Child's Name:** [Child's Full Name]
**Date of Birth:** [Child's Date of Birth]

To Whom It May Concern,

This letter is to certify that I have performed a comprehensive physical examination on the child named above. Based on the examination findings, the child is in good physical health and is cleared to participate in all daycare activities without restrictions.

**Immunization Status:**
[ ] The child is up to date on all required immunizations.
[ ] The child is on a catch-up schedule (see attached record).

**Medical Conditions/Allergies:**
[ ] None
[ ] Known allergies: [List Allergies]
[ ] Chronic conditions: [List Conditions]

**Medications:**
[ ] No medications are required during daycare hours.
[ ] The following medications are required: [List Medications/Dosage]

If you have any questions regarding this assessment, please contact my office.

Sincerely,

[Physician's Signature]

[Physician's Printed Name]
[Clinic/Medical Facility Name]
[Phone Number]
[Medical License Number]