



# PRESCHOOL PHYSICAL FORM

DATE: \_\_\_\_\_

TO: Weld RE-4 School District

I have examined \_\_\_\_\_, \_\_\_\_\_  
Student's Name Date of Birth

on \_\_\_\_\_ and found him / her to be free from communicable diseases  
Date of Physical

and in good health.

Physicians Signature: \_\_\_\_\_

**Weld RE-4 School District  
Early Childhood Programs  
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Windsor, CO 80550  
970-686-8008  
Email: [ec.info@weldre4.org](mailto:ec.info@weldre4.org)**