

Physical Assessment & Health Form

HEALTH STATEMENT- to be completed by parent

(child's name)

(birth date)

1. Significant illnesses and surgeries child has had (give age at time) _____

2. Any special health-related needs of child (allergies, medication, injuries, ect.)

PHYSICAL ASSESSMENT- to be completed by a physician or his/her designee

1. Is there any defect of vision, hearing, or speech of which the child care program should be aware of, or could compensate by appropriate action? _____

2. Is this child subject to any conditions which limit classroom activities or physical education? _____

3. Is this child subject to any condition which may result in an emergency situation? _____

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? _____

5. Are immunizations up to date _____ yes _____ no, if no what is needed? _____

6. Other significant findings: _____

He/She _____ Is _____ Is not physically and emotionally able to participate in the program.

Recommendations: _____

Date of Examination _____ Physicians Signature _____

Address _____