

PHYSICAL EXAM FORM

This form must be completed and returned to
The Village for Early Childhood Education
711 E. Euclid Avenue
Littleton CO 80121
Office 303-347-4409 Fax 303-347-4240

Physician: Complete and Sign

Child's Name: _____ Date of Birth: _____

Date of Last Physical Exam: _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities)_____

Height _____ Weight _____ B/P _____

HCT/HGB _____ Lead Level Not at risk or Level _____ TB Not at risk or Test Results Normal Abnormal

Screenings Performed: Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal

Allergies: _____ Type of Reaction _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes

Hospitalizations Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition

Other _____ Explain above concern:_____

Current Medications/Special Diet: _____

Required Immunizations: Please attach current immunization records from physician's office

This child is healthy and may participate in all routine activities in the Early Childhood Program. Any concerns or exceptions are identified on this form.

Physician's Signature: _____

Date: _____

Physician's Office Stamp

Or write name, address and phone number

For Parent/Guardian: Complete and Sign

Child's Name: _____ Date of Birth: _____

I, _____ give consent for my child's physician, school or early childhood program to discuss my child's health concerns. My child's physician may fax this form (& applicable attachments) to my child's school or early childhood program.

Parent/Legal Guardian Signature: _____

Date: _____

