

GENERAL HEALTH EXAM

This form must be completed and returned to
The Village for Early Childhood Education at North
1907 West Powers Avenue
Littleton CO 80120
Office 303-347-6985 Fax 303-347-6981

For Health Care Provider: Complete and Sign

Child's Name: _____ Date of Birth: _____

Date of Last Health 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 (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: _____

Separate medication authorization form is REQUIRED for medications given in school or childcare

Immunizations: Up-to-Date See attached immunization record Administered today: _____

Recommended Follow-up: _____

Next Well Visit: _____ *Per AAP guidelines or Age _____

This child is healthy and may participate in all routine activities in school sports, childcare. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed)
Date: _____

Office Stamp

Or write Name, Address, Phone,

For Parent/Guardian: Complete and Sign

Child's Name: _____ Date of Birth: _____

Allergies: _____ Type of Reaction _____

List any chronic illness, history of seizures, special diets, etc. _____

List any medication child receives on a regular basis _____

I, _____ give consent for my child's health care provider, school or childcare to discuss my child's health concerns. My child's health care provider may fax this form (& applicable attachments) to my child's school or childcare.

Parent/Legal Guardian Signature: _____ Date: _____

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07
*The AAP recommends that children from 0-12 years have health exams visits at age 3, 4, 5, 6, 8, 10 and 12 years. Copyright 2007 Colorado Chapter of the American Academy of Pediatrics