First Pres Preschool

Statement of Child's Health Status

Child's Name: _____ Birth Date: _____

Date of most recent physical examination: _____

Physical Exam: Normal _____ Abnormal _____ (Please specify any abnormalities below.)

Height: _____ Weight: _____ Vision: _____ Hearing: _____ Dental: _____

Allergies or Drug Reactions: _____

Is this child currently taking any medications? _____

Significant Health Concerns:

___ Allergies (Severe)	___ Developmental Delays	___ Seizures
___ Asthma	___ Diabetes	___ Serious Accident
___ Behavior Concerns	___ Hospitalizations	___ Surgeries
___Chronic Health Problems	___ Nutrition	___ Other

Explain above concern(s) including instructions for care: _____

_____

_____

Describe any physical conditions requiring special attention: _____

_____

_____

Immunizations Up to Date: Yes_____ No_____
Please attach a copy of the child's immunization record.

This child is healthy and may participate in routine preschool activities. Any concerns or exceptions are identified on this form. Yes _____ No _____

_____ _____
Signature of Physician or other Health Care Professional Date

_____
Printed Name of Physician

_____
Address and Phone Number of Medical Facility

This form must be completed by a licensed physician or other health care professional.