

CHILD HEALTH EVALUATION FORM

Dear Physician:

The completion of this statement is necessary for this child to attend Sunshine Preschool. A copy of the child's immunization card must accompany this form. Thank you.

Child's Name _____ Sex _____ DOB _____

Address _____

Mother or Guardian's Name _____

Father or Guardian's Name _____

Past Illnesses – check those the child has had and give approximate dates:

Chicken Pox _____ Roseola _____ Rubella _____

Rheumatic Fever _____ Asthma _____ Hay Fever _____

Diabetes _____ Mumps _____ Epilepsy _____

Whooping Cough _____ Poliomyelitis _____ Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Medication(s) prescribed: _____

Allergies _____ and prescribed routine: _____

If tuberculin test given: Date _____ Result _____

If Chest x-ray taken Date _____ Result _____

Vision _____ Hearing _____

Date of the most recent examination of the child: _____

Signature of licensed physician or other health care professional

Date

***We need an original or copy of an immunization card**