

Physical Assessment & Health Form

St. Mary Preschool 3100 West Madison Street Fairfield, IA 52556

Health Assessment: To be completed by parent/guardian

Child's Name: _____ Birth Date: _____

1. Significant illnesses and surgeries child has had (please note age at the time of illness/surgery)

2. Any special health-related needs of the child (allergies, medications, injuries, etc.)

Physical Assessment: To be completed by a physician or his/her designee

1. Is there any defect of vision, hearing, or speech of which preschool program should be aware 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:

7. He/She **IS NOT** (circle one) physically and emotionally able to participate in the program.

Recommendations: _____

Doctor's Signature: _____ Date: _____

Address: _____

Please include immunization card