Health Evaluation Form

A **parent** must sign the top of this Health Evaluation Form and your **Health Care Provider** must complete and sign the bottom of this form, and the attached Immunization certificate. These forms must be updated annually. Please fax completed forms back to us at: 303-362-8751. Thank you.

Boulder Waldorf Kindergarten & Preschool

Child's Name _____

Date of Birth: _____ Gender: ___ M ___ F

Parent's Signature: _____

Is there a need for any medication or special diet? ❑ No ❑ Yes

Please list: _____

_____

Vision: ___ Normal for age ___ Needs eye exam
Hearing: ___ Normal for age ___ Needs evaluation
Speech: ___ Normal ___ Needs evaluation

Does this child have any chronic, handicapping problems, or emotional problems?____None ____Yes

Please list: _____

_____

Are there any drugs, food or environmental factors which have caused allergic or adverse reactions?
___ No allergies/adverse reactions ___ Yes allergies/adverse reactions

Please list: _____

_____

Please check the illnesses that this child has had:
___ Chicken Pox ___ German Measles ___ Measles ___ Mumps ___ Rheumatic Fever
___ Scarlet Fever ___ Whooping Cough (pertussis) Other: _____

Are there any other findings we should be aware of ? ___No ___Yes

Please list: _____

_____

Date you last examined this child: _____ Date for next exam: _____

Health Care Provider's Signature: _____

Health Care Provider's Name:_____

Address & Phone: _____

Today's Date: _____

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