

General Health Appraisal for Enrollment

Child's Name: _____

Birth Date: ____/____/____

Date of most recent health exam: ____/____/____ (Note: Must be within the last 12 months)

a) Attach Child's Immunization Record to this **signed health appraisal**

Health History & Medical Information: Pertinent to routine child care and emergencies

_____ None

_____ Described Below

Special Diets: _____

Allergies: _____

Types of Reaction: _____

Current Medication: _____

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

Describe any recurrent health problems: _____

Health Provider Name: _____

Date: ____/____/____

Address: _____

Health Provider Signature: _____

Title: _____

Doctor's Office Stamp:

