



General Health Appraisal

To Attending Physician:

_____, whose date of birth is _____ has been enrolled in our program. The daily schedule involves both active and quiet indoor and outdoor play, including the use of climbing equipment.

Does this child have any physical concern or exception that the school should be aware?

Date of last tuberculin test: _____ Result: _____

Vision (if tested): _____

Hearing (if tested): _____

Date of most recent examination: _____

Next Well Visit: Per AAP guidelines* or Age _____

Immunizations: Please complete the attached State of Colorado Certification of Immunizations.

This child is healthy and may participate in all routine activities in the organized program as described above. Any concerns or exceptions are identified on this form:

Signature of Health Care Provider

Date

***The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18, and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.**