

## General Health Appraisal Form

**Parent-** Please complete

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies:    \_\_\_ No allergies  
              \_\_\_ Describe allergy and reaction- \_\_\_\_\_  
              \_\_\_\_\_  
              \_\_\_\_\_

Diet:         \_\_\_ Describe any special dietary needs- \_\_\_\_\_  
              \_\_\_\_\_

My signature below provides consent for my child's health provider to fax, mail or otherwise provide this form and any applicable attachments to my child's preschool or school-age program.

Fax #- 719 486-6934   Mailing address: The Center, 315 W. 6<sup>th</sup> Street, Leadville, CO 80461

\_\_\_\_\_  
Parent or legal guardian signature

\_\_\_\_\_  
Date

**Health Care Provider-** Please complete after parent section has been completed

Date of last exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

Results:       \_\_\_ Normal   \_\_\_ Abnormal   Please list any significant health concerns:  
              \_\_\_ None    \_\_\_ Reactive airway disease   \_\_\_ Seizures   \_\_\_ Diabetes  
              \_\_\_ Developmental delays   \_\_\_ Vision problems   \_\_\_ Hearing loss   \_\_\_ Allergy  
              \_\_\_ Other (dental, nutrition, behavior, etc.) \_\_\_\_\_  
              Explain above concerns, including any instructions to child care providers:  
\_\_\_\_\_  
\_\_\_\_\_

Current medications:  
\_\_\_\_\_  
\_\_\_\_\_

### **Signature of Health Care Provider**

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

