



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 return the the childcare provider or scan and email to lavenderhillpreschool@gmail.com. Thank you.

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