

ST. JAMES PRESCHOOL & KINDERGARTEN
3601 W. BELLEVIEW AVE.
LITTLETON, CO 80123
303 798-7844
FAX# 303 798-2420

Health Appraisal Form

Parent: Please Complete

Child's Name: _____ Birth date: _____

Allergies: None Describe: _____

Type of Reaction: _____

My child's health provider may fax this form (and applicable attachments) to my child's preschool. FAX Number: 303 798-2420

Parent Signature: _____ Date: _____

Health Care Provider: Please complete after parent section has been completed

Date of last exam: _____ Recent Weight: _____ Recent Height: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes

Hearing Hospitalizations Severe Allergies: _____

Vision Other _____

Explain above concerns (if necessary, include instructions to preschool personnel):

Current Medications/Special Diet: None Describe: _____

Immunizations: Up to date See attached immunization record

Administered today: _____

Next Well Visit: _____

This child is healthy and may participate in all routine activities at the preschool.

Physicians Signature: _____ Date: _____