

## Health Evaluation by Physician or Nurse Practitioner

(Child Care/Pre-School/K-1)

Name: Baby Smurf Birth date: 01/02/15

### Most Recent Physical Exam Information:

Date of Most Recent Physical Exam: 07/03/16

Length (or height): 37.8 inches

Weight: 26 pounds

Head Circumference: 52 cm

Body Mass Index (BMI): 16.2 kg/m<sup>2</sup>

Blood Pressure: N/A

### Health Inventory:

Yes No

Does this child have any health conditions(s) which may require EMERGENCY ACTION while at school?: \_\_\_\_\_

Does this child have any ALLERGIES to any foods or medications?: \_\_\_\_\_

Is this child on long-term technology assistance?: \_\_\_\_\_

Is there any evidence for concern in any of the following areas: VISION, HEARING, SPEECH/LANGUAGE, DEVELOPMENT, ADHD/ADD, NUTRITION/FEEDING, ADJUSTMENT, PHYSICAL ILLNESS or IMPAIRMENT, IMMUNODEFICIENCY, LEAD POISONING?: \_\_\_\_\_

This child has or is a known carrier of a communicable disease which should prevent his/her admission to a child care facility: \_\_\_\_\_

This child requires a modified diet and/or special feeding procedure: \_\_\_\_\_

Is the child on long-term medication?: \_\_\_\_\_

Should there be any restriction of physical activity in school/childcare?: \_\_\_\_\_

Is lead testing required for this child or has testing been performed previously? (Lead test dates/results):  
<3 mcg/dL - 10/02/13

Is child at high risk for tuberculosis? (Date and result of last PPD skin test): \_\_\_\_\_

Were there any abnormalities at the most recent Physical Exam?: NO

**Statement and Signature:** The student has had a complete history and physical examination at our office on the date noted and has no health problems except as noted above.

**SAMPLE ONLY-DO NOT USE**

Physician (Print)

**SAMPLE ONLY-DO NOT USE**

Signature

**SAMPLE ONLY**

Date