

St. Mary's Daycare Center
 2912 W. M-113
 Kingsley, MI 49649
 231-263-7560

Child's Health Appraisal

Today's date _____

Child's name _____ D.O.B. _____

Address _____ City _____ Zip _____

Parents' or guardians' names _____

Telephone (home) _____ (cell) _____ (work) _____

Information provided by: (check one) Parent _____ Guardian _____ Physician _____ Nurse _____

| <i>Is your child having any of the problems listed below?</i> | Yes | No |
|--|-----|----|
| | | |
| 1. Hay fever, asthma or wheezing | | |
| 2. Eczema or frequent skin rashes | | |
| 3. Convulsion/Seizures | | |
| 4. Heart Trouble | | |
| 5. Diabetes | | |
| 6. Frequent colds, sore throats, earaches (4 or more per year) | | |
| 7. Trouble with passing urine or bowel movements | | |
| 8. Shortness of breath | | |
| 9. Speech problems | | |
| 10. Other | | |
| 11. Allergies or reactions: (food, medication or other) | | |
| | | |
| Please explain any problem areas identified above: | | |
| | | |
| Does your child take any medication regularly? | | |
| If yes, what medication? | | |
| | | |
| Reason for medication: | | |
| | | |
| Parent's signature: | | |

| DTP/DT/TD Mo/Day/Yr | Polio OPV/IPV Mo/Day/Yr | Hepatitis B Mo/Day/Yr |
|-------------------------|----------------------------|--------------------------|
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | |
| 5 | 5 | |
| 6 | | |
| 7 | | HIB |
| | | Mo/Day/Yr |
| Varicella (Chicken Pox) | MMR | 1 |
| | Mo/Day/Yr | 2 |
| Had Chicken Pox? Yes No | 1 | 3 |
| Had Vaccine? When? | 2 | 4 |
| | | |

Validating Signature

Title

Date

Recommendations – **COMPLETED BY A PHYSICIAN**

Is there any defect of vision, hearing or other condition for which the school could help by seating or other action? yes _____ no _____ If yes, please explain _____

Should the student's activity be restricted because of any physical defect or illness?

yes _____ no _____ If yes, check below and explain degree of restriction:

classroom _____ playground _____ gymnasium _____ other _____

Examiner's signature

Degree or license

Date

Examiner's name (print or type)