

ANNUAL HEALTH FORM 2011-2012

Children under 7 years of age need an annual physical

This part is to be filled out by the parent(s): DUE BEFORE THE FIRST DAY OF SCHOOL
STUDENT'S NAME _____ SEX _____ BIRTHDATE ____/____/____
ADDRESS _____ CITY, STATE _____ ZIP _____
MOTHER'S NAME _____ FATHER'S NAME _____

This part is to be filled out by your physician: ATTACH UPDATED IMMUNIZATION RECORD

CHECK ILLNESSES CHILD HAS HAD:
Measles _____ German measles _____ Mumps _____ Chicken Pox _____ Scarlet Fever _____

List any allergies:

List any drug reactions:

Surgery, accidents, other illness or special problems:

Physical findings: include if tested vision and hearing, posture:

Are there any reasons to restrict the child's physical activity? If so, please explain:

Is this child under medical care at this time? _____ If so, please explain:

Does the child have, or has he/she ever had, emotional problems? ___If so, please explain:

Have you ever recommended counseling to the family in regard to this child? _____ If so, why and what measures were taken?

PHYSICIAN'S SIGNATURE _____
DATE

MAIL: 250 S. Cherry Wood Dr.
Lafayette, CO 80026