

  
**Health Examination Form**  
**2010-2011**

This form must be completed annually and be on file at the Boulder JCC Preschool. This report must be filled out by a licensed physician or a licensed nurse practitioner that has seen the child in the past twelve months.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Past Illnesses – check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

Describe any physical conditions requiring the facility's special attention: \_\_\_\_\_

Medications prescribed \_\_\_\_\_

Allergies: \_\_\_\_\_ and prescribed routine: \_\_\_\_\_

If tuberculin tests given: Date \_\_\_\_\_

Result \_\_\_\_\_

If chest x-ray given: Date \_\_\_\_\_ Result \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: \_\_\_\_\_

Signature of licensed physician or other health care professional \_\_\_\_\_ Date \_\_\_\_\_

Please print:

\_\_\_\_\_ Name or physician/ Health Care Professional

\_\_\_\_\_ Address City State

\_\_\_\_\_ Zip Code Phone