

**REQUIRED HEALTH APPRAISAL FORM
RUTH WASHBURN COOPERATIVE NURSERY SCHOOL**

PARENT please complete AND SIGN

**If your child needs medication at school, please see the front office for the appropriate forms before you take this form to your provider.*

Child's Name: _____ Birthdate: _____

Allergies: None or Describe _____

Type of Reaction _____

Diet: Age Appropriate Special Diet _____

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school or camp personnel. FAX #: 719-636-9398

DATE: _____ Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Fill Out **Completely** After Parent Section Completed

Date of Last Health Appraisal: _____ (form is valid for 12 months from this date)

Weight @ Exam: _____ Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____

Height @ Exam _____ B/P _____ Lead Level Not at risk or Level _____ TB Not at risk or Test Results Normal Abnormal

Allergies: None or Describe _____ Type of Reaction _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations

Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: None or Describe _____

Immunizations: Please attach the most recent immunization record to this form.

Screenings Performed-Required for entrance to Ruth Washburn Cooperative Nursery School:

Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal

Recommended Follow-up _____

PROVIDER SIGNATURE

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider
(certifying form was reviewed)

Date

OFFICE STAMP
Or write Name, Address, Phone



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