

CHILD CARE GENERAL HEALTH EXAMINATION FORM

Note: This form can be used for child care programs and required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.

Child's Name: _____

Date of Birth: _____ Date of Last Exam: _____

___ This child has no health conditions or medications that impact enrollment in child care

___ This child has a condition or medication that should be known by the child care provider:

Health Care Provider Name: _____

Phone Number: _____

Health Care Provider Signature: _____

Date: _____