



A Ministry of Faith Lutheran Church

910 Mapleleaf Drive
Mt. Pleasant, IA 52641
(319)385-7336

PHYSICAL ASSESSMENT & HEALTH FORM

HEALTH STATEMENT- To be completed by parent

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

PHYSICAL ASSESSMENT – To be completed by a physician or his/her designee

1. Is there any deficit of vision, hearing, or speech of which the childcare program should be aware, or could compensate by appropriate action?

2. Is the child subject to any conditions which limit classroom activities or physical education?

3. Is the child subject to any condition that may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Are immunizations up to date? ____ Yes ____ No

6. Other significant findings: _____

He/She Is Is Not (circle) physically and emotionally able to participate in the program.

Recommendations: _____

Date of Examination _____ Physician Signature _____

Address _____