OPEN DOOR PRESCHOOL HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE PROVIDER

Date of Enrollment _____

Child's Name _____Birthdate_____

Address _____Telephone # _____

Parent(s) or Guardian(s) _____

Date of last physical examination _____

How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

What is the status of the child's : Vision _____

Hearing _____

Speech _____

Does the child have any **important health conditions**, including **allergies**? YES NO

If yes, what is the diagnosis? _____

Might this condition result in an emergency? YES NO

Is a modified diet necessary?_____

If the condition is monitored by you or another care provider, please name_____

_____

Explain any special care required at preschool _____

_____

Other health information helpful to the child care program:

_____

_____

Signature of Health Care Provider _____

Date _____ Phone _____

Clinic and Address _____