**Montview Community Preschool & Kindergarten**
1980 Dahlia St. Denver CO 80220
Phone: 303-322-7296 FAX: 303-333-1276
Email: info@montviewpreschool.org

# Physical Exam Form

## Parent: Please complete

**Student's Name:** _____

**Birthdate**: _____ **Sex**: _____

**Health concerns:** ___**None** ___**Yes**

**If yes, please explain below:**

**Allergies:** _____

**Chronic Illness:** _____

**Disability:** _____

**Other:** _____

_____

_____

**Parents' or Guardians' Name, Address, Home Phone**

_____

_____

_____

_____

**Health Care Provider Contact Information:**

**Name:** _____

**Phone:** _____

**I, _____, give consent for my child's healthcare provider to share the information below and my child's immunization record with Montview Community Preschool and Kindergarten.**

_____ **Date**: _____

**Signature of parent or guardian**

authorization expires in 365 days

## Healthcare Provider:

**Please complete after parent section completed**

**Date of Last Exam:** _____

**Physical Exam:** ___ **Normal** ___ **Abnormal**

**Significant Health Concerns:** ___ **None**

___Seizures ___Allergies
___Diabetes ___Asthma
___Vision ___Developmental Delays
___Hearing ___Hospitalizations
___Other (dental, nutrition, behavior)

**Medications**: ___ **None** ___**Yes (explain)**

**Please explain any health concerns:**

_____

_____

_____

_____

_____

_____

**Immunizations:** ___**Immunization record is attached (mandatory)**

## Signature of Physician

**This child is healthy and may participate in all routine activities at school.**
**Any concerns or exceptions are noted on this form.**

_____ _____

**Signature of Physician** **Date**

## Healthcare Office Stamp

**or write name, address, phone# below:**