

**CHILD CARE GENERAL HEALTH EXAMINATION FORM**

*Note: This form can be used for child care programs as 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 Printed Name: \_\_\_\_\_

Health Care Provider Contact Information: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_