HEALTH RECORD

Please note that completion of this form by a physician is necessary for your child to be enrolled in Busy Bees Preschool at Darren Patterson Christian Academy.

Child's Name:_____ Date of Exam:_____

If Tuberculosis Test Given: Date:_____ Result:_____

Previous surgeries, accidents, illnesses, or handicapping conditions:_____

Need of medication or special diets (advise of symptoms):_____

Physical findings (include, if tested, vision and hearing):_____

Additional comments and recommendations to help child care personnel understand and work with child most effectively:_____

Child is healthy and well to attend preschool: ☐ **Yes** ☐ **No**

Immunization Record: a legible and official copy of the most current immunization record or signed waiver must accompany this form within 30 days of admission to Busy Bees Preschool.

Doctor's Name (printed):_____ Signature:_____

Agency:_____

Agency Address & Phone:_____

Please submit this completed form to Busy Bees Preschool by one of these methods:
~Drop off at the office (518 S. San Juan Avenue)
~Email to office@dpcaweb.org
~Fax to 719-395-2055