GENERAL HEALTH APPRAISAL FORM

Child's Name:	Birthdate:
	dication:
	riate Special-Describe:
	e applied as requested in writing by parent unless skin is broken or bleeding.
	nds that all infants less than 1 year of age be placed on their back for sleep.
l,	, give permission for my child's healthcare provider to share this child's school, childcare, or camp. Contact information for the person to receive this form
form and applicable attachments with my	child's school, childcare, or camp. Contact information for the person to receive this form _ Fax: Email:Email:
ivallie	_ T dA LIIIdii
Parent/Guardian Signature:	Date:
rateing dan alan signature.	
HEALTH CARE PROVIDER	Please complete after parent section has been completed.
	Age: Weight:
	escribe:
	ation: Type of Reaction
Current Medications: None OR List:	
	n (<u>link</u>) is required for medications given in school, childcare, or camp.
	priate Special-describe:
	ed for food provided at school, childcare, or camp.
TO A STATE OF THE	Asthma Seizures Diabetes Hospitalizations Behavior Concerns
	Hearing Oral Health Under/Overweight Other:
	ude instructions to care providers):
Immunizations: See attached immuniza	ition record or official exemption form Next vaccine due date:
HEALTH CARE PROVIDER	Please complete if appropriate. This information is required by Early Head Start and
	Head Start Programs per the State EPSDT Schedule.
	Head Circumference (up to 12 months): HCT/HGB:
	Head Circumference (up to 12 months): HCT/HGB: I: TB: Not at risk OR Test Result: Normal Abnormal
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma	l: TB: Not at risk OR Test Result: Normal Abnormal Abnormal Hearing: Normal Abnormal
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma	l: TB: Not at risk OR Test Result: Normal Abnormal
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma	: TB: Not at risk OR Test Result: Normal Abnormal Abnormal Hearing: Normal Abnormal Developmental Screen: ASQ PEDS Other:
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma	: TB: Not at risk OR Test Result: Normal Abnormal Abnormal Hearing: Normal Abnormal Developmental Screen: ASQ PEDS Other:
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma	l: TB: Not at risk OR Test Result: Normal Abnormal I Abnormal Hearing: Normal Abnormal Developmental Screen: ASQ PEDS Other:
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma Developmental Concerns: PROVIDER SIGNATURE	TB: Not at risk OR Test Result: Normal Abnormal
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Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma Developmental Concerns: PROVIDER SIGNATURE	TB: Not at risk OR Test Result: Normal Abnormal Abnormal Abnormal Abnormal Abnormal Abnormal Developmental Screen: ASQ PEDS Other: Recommended Follow-up: OFFICE STAMP
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma Developmental Concerns: PROVIDER SIGNATURE Next Well Visit: Per AAP Guide This child is healthy and may partiactivities in school, childcare, or care	I: TB: Not at risk OR Test Result: Normal Abnormal I Abnormal Hearing: Normal Abnormal I Developmental Screen: ASQ PEDS Other: Recommended Follow-up: Recommended Follow-up: OFFICE STAMP Or write Name, Address, Phone Number, Email cipate in all routine amp. Any concerns or
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma Developmental Concerns: PROVIDER SIGNATURE Next Well Visit: Per AAP Guide This child is healthy and may parti	I: TB: Not at risk OR Test Result: Normal Abnormal I Abnormal Hearing: Normal Abnormal I Developmental Screen: ASQ PEDS Other: Recommended Follow-up: Recommended Follow-up: OFFICE STAMP Or write Name, Address, Phone Number, Email cipate in all routine amp. Any concerns or
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma Developmental Concerns: PROVIDER SIGNATURE Next Well Visit: Per AAP Guide This child is healthy and may partiactivities in school, childcare, or care	I: TB: _ Not at risk OR Test Result: _ Normal _ Abnormal _ I _ Abnormal _ Abnormal _ Abnormal _ Abnormal _ Normal _ Abnormal _ I _ Developmental Screen: _ ASQ _ PEDS _ Other: Recommended Follow-up: OFFICE STAMP Or write Name, Address, Phone Number, Email _ cipate in all routine _ amp. Any concerns or _ Any concerns or _ Any concerns or _ Abnormal _ Abnorma
Lead Level: Not at risk OR Lead leve Screens Performed: Vision: Norma Oral Health: Normal Abnorma Developmental Concerns: PROVIDER SIGNATURE Next Well Visit: Per AAP Guide This child is healthy and may partiactivities in school, childcare, or care	I: TB: _ Not at risk OR Test Result: _ Normal _ Abnormal _ I _ Abnormal _ Abnormal _ Abnormal _ I _ Developmental Screen: _ ASQ _ PEDS _ Other: Recommended Follow-up:

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.