EVERGREEN
country day

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Student Medical Form

This form must be completed by child's or family's physician.

Name of Child: _____ Birth Date: ___/___/_____ Sex: ☐ F ☐ M

Father's Name: _____ Mother's Name: _____

Child's Physician: _____ Phone: _____

Physician's Office Address: _____

Examination Date: _____

Height:_____ Weight: _____ Vision: _____ Hearing: _____

Heart: _____ Lungs: _____ HCT/HGB: _____ U.A.: _____

Disabilities: _____

Medications: _____

Comments: _____

List current medical problems now under treatment: _____

List specific allergies to food, drugs, or any other substances: _____

List operations or serious accidents: _____

Has child seen a dentist within the past six months? ☐ Yes ☐ No

List new immunizations given with this check-up: _____

_____ _____

Physician Signature **Date**

To the best of my knowledge, immunizations for the above named child are up to date. _____ (INITIAL)

THIS FORM IS DUE BY THE START OF THE SCHOOL YEAR.
The State of Colorado requires this form be on record at the school for all students, toddler through grade 8.