## **GENERAL HEALTH APPRAISAL FORM**

## **PARENT please complete AND SIGN**

Child's Nomes	Dinthdoto
	Birthdate:
Diet: ☐ Breast Fed ☐ Formula	
Sleep: Your health care provider recommends that a	all infants less than 1 year of age be placed on their back for sleep.
☐ Preventive creams/ointments/sunscreen ma	y be applied as requested in writing by parent unless skin is broken or bleeding.
I,	give consent for my child's care health provider, school child care or camp personnel to
	ealth provider may fax this form (& applicable attachments) to my child's school, child care  DATE:
Turent, Guardian Signature	
HEALTH CARE PROVIDER: Please Cor	mplete After Parent Section Completed
	<u> </u>
	Weight @ Exam:
	cify any physical abnormalities)
_	Type of Reaction
-	Reactive Airway Disease □Asthma □Seizures □Diabetes □Hospitalizations
*	erns Vision Hearing Dental Nutrition Other
	ons to care providers):
-	Describe
	n form is required for medications given in school, child care or camp
	ecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT
	or pain or fever over 102 degrees every 4 hours as needed age-appropriate dosage schedule from our office
	or pain or for fever over 102 degrees every 6 hours as needed
	e attached age-appropriate dosage schedule from our office
<b>Immunizations:</b> □Up-to-Date □ See attached immu	unization record Administered today:
<u>lealth Care Provider:</u> Complete if Appropri	riate
**ONLY REOUIRED BY EARLY HEAD STA	A DT AND HEAD CTART DDOCD AMC DED CTATE EDCDT CCHEDIH E**
	AKI AND HEAD STAKT PROGRAMS PER STATE EPSDT SCHEDULE***
** Height @ Exam ** B/P **Head (	
** Height @ Exam ** B/P **Head C ** HCT/HGB ** Lead Level □Not at risk	Circumference (up to 12 months) ** or Level
** Height @ Exam ** B/P **Head C ** HCT/HGB ** Lead Level □Not at risk **TB □Not at risk or Test Results □ Normal □	Circumference (up to 12 months) **  or Level Abnormal
** Height @ Exam ** B/P ** Head C  ** HCT/HGB ** Lead Level  \subseteq Not at risk  **TB \subseteq Not at risk or Test Results \subseteq Normal \subseteq  **Screenings Performed: \subseteq Vision: \subseteq Normal \subseteq A	Circumference (up to 12 months) **  or Level  Abnormal  Abnormal
** Height @ Exam ** B/P ** Head C  ** HCT/HGB ** Lead Level	Circumference (up to 12 months) **  or Level Abnormal
** Height @ Exam ** B/P ** Head (  ** HCT/HGB ** Lead Level  \subseteq Not at risk  **TB  \subseteq Not at risk or Test Results  \subseteq Normal  \subseteq  **Screenings Performed:  \subseteq Vision:  \subseteq Normal  \subseteq A  Recommended Follow-up	Circumference (up to 12 months) **  or Level  Abnormal  Abnormal
** Height @ Exam ** B/P ** Head C  ** HCT/HGB ** Lead Level  \subseteq Not at risk  **TB \subseteq Not at risk or Test Results \subseteq Normal \subseteq  **Screenings Performed: \subseteq Vision: \subseteq Normal \subseteq A	Circumference (up to 12 months) **  or Level Abnormal Abnormal □Hearing: □Normal □Abnormal □Dental: □Normal □Abnormal-
** Height @ Exam ** B/P ** Head (  ** HCT/HGB ** Lead Level  \subseteq Not at risk  **TB  \subseteq Not at risk or Test Results  \subseteq Normal  \subseteq  **Screenings Performed:  \subseteq Vision:  \subseteq Normal  \subseteq A  Recommended Follow-up	Circumference (up to 12 months) ** or Level Abnormal Abnormal □Hearing: □Normal □Abnormal □Dental: □Normal □Abnormal  Office Stamp
** Height @ Exam ** B/P ** Head (  ** HCT/HGB ** Lead Level	Circumference (up to 12 months) ** or Level Abnormal Abnormal
** Height @ Exam ** B/P ** Head C  ** HCT/HGB ** Lead Level	Circumference (up to 12 months) ** or Level Abnormal Abnormal
** Height @ Exam ** B/P ** Head (  ** HCT/HGB ** Lead Level	Circumference (up to 12 months) ** or Level Abnormal Abnormal
** Height @ Exam ** B/P ** Head (  ** HCT/HGB ** Lead Level	Circumference (up to 12 months) ** or Level Abnormal Abnormal

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

\*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12

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