



THE FAMILY
CENTER

STUDENT HEALTH EVALUATION

_____ whose date of birth is _____
has been enrolled in a Family Center program. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment.

Please attach a copy from the doctor of the most recent immunizations your child has received. (Must be returned by **July 31, 2020** for your child to attend class in August. This is a State of Missouri requirement.)

Please check any of the following: (chronic or recurring)

Asthma _____ Frequent colds _____ Tires Easily _____
Frequent sore throat _____ Earaches _____ Seizure disorder _____

Allergies (all allergies, including food and medicine allergies)

Is the physical exam essentially normal? _____ If abnormal, please note:

Does this child require special attention, medication or therapy that needs to be taken into consideration in planning for his/her time at school? Please specify.

Is there any emotional, mental or physical condition for which this child is under medical care?

Immunizations are in compliance with Missouri State Law _____YES _____NO

Physician's Name: (printed) _____

Address: _____

Physician's Signature: _____

Date: _____

Completed form and copy of immunizations may be faxed to : 314-854-6940