forest park
MONTESSORI SCHOOL

This form (or one used by your child's pediatrician) must be signed by a licensed health care practitioner who has examined your child in the last 12 months. It must be completed and returned with proof of immunization on or before your child's first day of school. It is valid for one year from the date signed by the doctor. Failure to provide this form and to update it each year will result in exemption from school.

HEALTH ASSESSMENT 2024-2025

PARENT: Please complete top portion before providing to your child's pediatrician.

Child's Name:_____ DOB:_____ Today's Date:_____

History of Disease and Health Information

☐ Chickenpox	☐ Measles/Mumps/Rubella	☐ Influenza	☐ Chronic Ear Infections
☐ Tuberculosis	☐ Pertussis (Whooping Cough)	☐ Streptococcus	☐ Hospitalization

Allergies (food, medication, environmental):
Chronic Medical Conditions:
Dietary Restrictions:
Illnesses/Surgeries/Accidents:
Developmental Concerns:
Vision/Hearing/Posture Findings:
Physical/Emotional Concerns Requiring Special Attention:

Returning this form implies consent for FPMS to discuss with the undersigned pediatrician or professional your child's health or any information relating to child care emergencies. Please retain a copy for your records.

Parent/Guardian's Signature:_____ Date: _____

PHYSICIAN: Please thoroughly complete bottom portion.

General Health Appraisal

PLEASE ATTACH IMMUNIZATION RECORD PROVIDED

VERIFY ALL ABOVE INFORMATION and indicate date of child's most recent comprehensive physical exam:
To your knowledge, has this child received all age-appropriate exams and immunizations? If no, explain:
Do you have reason to suspect that this child can't or won't perform as would any other child in good physical condition and in similar circumstances? If yes, explain:
Remarks or recommendations:

This child is healthy, free of contagious disease, **fully immunized** (unless exempt), and may participate in all routine programs and activities. Concerns and exceptions are identified on this form.

Physician's Signature:_____ Date: _____