CHILD CARE GENERAL HEALTH EXAMINATION FORM

*Note:* This form can be used for child care programs as required documentation of a child’s general health examine. Other physical forms used by the health provider’s office documenting the child’s age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.

Child’s Name: _________________________________________________________________

Date of Birth: _________________________ Date of Last Exam: ________________________

___ This child has no health conditions or medications that impact enrollment in child care.

___ This child has a condition or medication that should be known by the child care provider:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Health Care Provider Name: ______________________________________________________

Phone Number: __________________

Health Care Provider Signature: ___________________________________________________

Date: _____________

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VT CDD Licensing Regulations Requirement