

# St. Peter's Child Development Center Child Health History and Evaluation Form

CHILD \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MI  
ADDRESS \_\_\_\_\_  
STREET CITY/ZIP

I, \_\_\_\_\_, PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, DO  
HEREBY GIVE MY PERMISSION TO Dr. \_\_\_\_\_ TO RELEASE THE  
INFORMATION REQUESTED BELOW TO ST. PETER'S CDC.  
INFORMATION BELOW SHOULD BE COMPLETED BY THE SIGNING PHYSICIAN AND  
MAILED/FAXED/EMAILED TO ST. PETER'S CDC.

- A. Prenatal, perinatal and postnatal development: Are there any significant findings that could influence this child's adaption to a childcare setting (i.e. developmental delays)?
- B. Is there chronic illness that may require regular medication in a childcare setting (i.e. diabetes, seizure disorder, asthma)?
- C. Have there been any hospitalizations or operations of which we should be aware?
- D. Are there any pertinent family or social circumstances of which we should be aware?
- E. Are immunizations up-to-date? (Parents MUST submit an immunization certificate from the state of Alabama to the CDC).
- F. Does this child have any allergies?
- G. Date of last physical exam \_\_\_\_\_ General Health \_\_excellent\_\_ good\_\_poor  
If poo, why?

This is to certify that the above named child is free from communicable disease and is able to participate in nursery and preschool activities.

PHYSICIANS'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ST. PETER'S CHILD DEVELOPMENT CENTER....2061 PATTON CHAPEL ROAD...BIRMINGHAM...35216  
822-9461 FAX...822-9451...EMAIL...STPETERSCDC@GMAIL.COM