

Sikora Montessori



Child Health Assessment

This form must be completed by the child's physician and returned no later than 30 days after the admission of the child to Sikora Montessori School.

Date of Admission ___/___/___ Date of Health Assessment ___/___/___

Child's Name _____

Age _____ Height _____ Weight _____

Allergies

Health Issues

Please describe any current health problems or condition that may affect the child's adaptation to care, including abnormal results of screening tests for vision, hearing, tuberculosis, or lead poisoning.

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Medications

Please list any and all prescribed daily medications and any potential side effects.

Health History

Including serious illnesses, significant communicable disease, injuries requiring medical attention or hospitalization, previous surgery, or history of prematurity.

Name of Physician

Phone Number of Physician

Signature of Physician

Date ___/___/___

Revised July 15, 2015