

HEALTH APPRAISAL

Developed in Cooperation With:
Department of Consumer & Industry Services
Community Health and Education
Michigan State Medical Society
Michigan Association of Osteopathic Physicians and Surgeons

- School
Children's Group
Child Care Center
Child Caring Institution
Other:

Dear Parent or Guardian,

The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription from the certificate of immunization. The remaining sections (III, IV, and V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).

PERSONAL

Form fields for personal information: Child's Name, Sex, Date of Birth, Address, Parent's or Guardian's Name, Address, Phone (home), Phone (work).

SECTION I - HEALTH HISTORY

Table for health history with columns 'YES' and 'NO' for 13 conditions like allergies, asthma, eczema, seizures, heart trouble, diabetes, etc.

Does your child take any medication regularly? YES NO

If yes, what medication?

Reason for medication:

Parent Signature

SECTION II - IMMUNIZATION

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.

Immunization record table with columns 'VACCINE:' and 'DATE ADMINISTERED'. Includes rows for DPT/DTaP, Haemophilus, Influenza, Polio, MMR, etc., and a signature area at the bottom.

According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to the school administrators.

