

Climbing Tree Community School, an Early Learning Center

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Health History and Physical Examination

Climbing Tree Community School is required to have a current physical examination and an immunization record on file.

Please provide a copy of your child's most recent physical examination record or this *Health History and Physical Examination* form, completed and signed by a health care provider. Forms may be faxed, emailed or handed in to the office staff.

Child's Name _____ Birth date _____

FOR PHYSICIAN TO COMPLETE

Physical Examination

Weight _____

Height _____

Eyes _____

Ears _____

Nose _____

Throat _____

Teeth _____

Tonsils _____

Skin Tests Type, Date Results _____

Heart _____

B/P _____

Abdomen _____

Nutrition _____

Skin _____

Glands _____

Vision R _____ L _____

Audio R _____ L _____

Allergies _____

Lungs _____

Feet _____

Hernia _____

Posture _____

Curvature _____

Nervous System _____

Urine _____

Medical-Surgical History *Please give date of onset where possible*

Chicken Pox _____

3-D Measles _____

Reg. Measles _____

Diabetes _____

Mumps _____

Valley Fever _____

Inf. Hepatitis _____

Convulsive Disorder _____

Whooping cough _____

Tuberculosis _____

Rh. Fever _____

Parasitic Infections _____

Other Chronic or Long Term Illnesses _____

Surgical Procedures _____

On Restricted Activity? (if yes, explain) _____

Special Recommendations _____

Is child allergic to food or other substances? Please name and procedure to follow if reaction occurs

Is child unusually susceptible to infections? If so, what precautions need to be taken?

Is child subject to convulsions? What should be our procedure if one occurs?

◆◆◆Please provide an Immunization Record or Exemption Form◆◆◆

Signature of Health Care Provider _____

Date _____