

# ANNA'S BANANAS

DAYCARE & PRESCHOOL  
HEALTH CARE SUMMARY



**MUST BE COMPLETED BY A PHYSICIAN**

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF ENROLLMENT: \_\_\_\_\_

PARENT(S) OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF LAST PHYSICAL EXAMINATION: \_\_\_\_\_

HOW LONG HAVE YOU BEEN SEEING THIS CHILD: \_\_\_\_\_

HOW FREQUENTLY DO YOU SEE THIS CHILD WHEN HE/SHE IS NOT ILL?  
\_\_\_\_\_

IS A MODIFIED DIET NECESSARY: \_\_\_\_\_

IS ANY CONDITION PRESENT THAT MIGHT RESULT IN AN EMERGENCY?  
\_\_\_\_\_

WHAT IS THE STATUS OF THE CHILD'S?  
VISION: \_\_\_\_\_

HEARING: \_\_\_\_\_

SPEECH: \_\_\_\_\_

PLEASE LIST BELOW THE IMPORTANT HEALTH PROBLEMS:

IMPORTANT HEALTH PROBLEMS	FOLLOWED BY YOU	FOLLOWED BY OTHER MED SOURCE (NAME)	REQUIRES SPECIAL ATTENTION AT CENTER

OTHER INFORMATION HELPFUL TO THE CHILD CARE PROGRAM:  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF HEALTH SOURCE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PROVIDERS: PLEASE FAX COMPLETED FORM TO (651) 460-3731**