



Children's Rocky Mountain School, Inc.
126 Main Street, Carbondale, CO 81623
crmspreschool@sopris.net
970-963-2524

PHYSICIAN'S REPORT AND IMMUNIZATION RECORD

Please return within the first 30 days of the start of school to above address.

To comply with State requirements, a physician who has given your child a physical examination within the past year must complete and sign this report and immunization record.

Student's Name _____ Birth date _____ Age _____

General Appearance _____

Height _____ Weight _____ BP _____ Pulse _____

Hearing _____ Vision _____

Significant Health History:

Family Health History (diabetes, allergies, etc):

Current illnesses, injuries, chronic health or mental health conditions:

Known allergies (include degree of severity):

Treatments, medications (and possible side effects), and/or limitations (including dietary) required during the child's day at school?

Comments on child's ability to participate in a preschool program:

When is the next visit required for this child?

Physician's Name: _____ Date: _____
(please print)

Physician's Signature: _____