



## Health Evaluation Sheet

I have examined \_\_\_\_\_ and find the child to be in general good health. I find the child's health suitable for enrollment in Creative Kids Learning Center.

There are/are not any special conditions or treatments, which present a problem that Creative Kids Learning Center may be unable to deal with.

The child has the following Special Medical Conditions -

---

---

---

---

---

---

---

Date of Examination \_\_\_\_\_

Signature of Physician or Nurse \_\_\_\_\_

Printed Name of Physician or Nurse \_\_\_\_\_

Phone Number of Physician or Nurse \_\_\_\_\_

Address of Physician or Nurse \_\_\_\_\_

---