Yearly Health Appraisal Form

1401 Malcolm Street
Waterford, Michigan 48327
Telephone (248)363-9800
Fax (248)363-0992

Dear Parent/Physician,
Michigan State Licensing Rules for Child Care Centers States the following:

R400.5111 Children's Records

(5) Within 30 days of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center:
(a) For infants and young toddlers: A physical evaluation performed within the preceding 3 months signed by a licensed physician or his or her designee. Restrictions shall be noted.
(b) For older toddlers and pre-school age: A physical evaluation performed within the preceding year signed by a licensed physician or his or her designee. Any restrictions shall be noted.
(6) Physical evaluations shall be updated as follows:
(a) Yearly for infants and young toddlers.
(b) Every 2 years for older toddlers and pre-school age.
(7) The center shall assure that if a parent objects to a physical examination or medical treatment on religious grounds, then the parent provides a signed statement annually that the child is in good health and that the parent assumes responsibility for the child's state of health while at the center.

The last physical we have on file for your child is dated _____
A new physical completed within the preceding year is needed to remain in attendance by _____

Child's Name: Date of Birth:	The following must be filled out by a physician
Date of last Annual Physical	_____/_____/_____
Date of last Tetanus Shot	_____/_____/_____
Is the above named child in good health	____Yes ____NO
If you answered no, what accommodations must be made for the child?	
Does the above named child have any food allergies?	____Yes ____NO Name of foods:_____
Is the above named child up to date with Immunizations?	____Yes ____NO MCIR ID #:_____
Physician Signature and date:	_____ ____/____/____
Required Physician's Office Stamp:	

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