



**BURLINGTON SCHOOL DISTRICT EARLY EDUCATION PROGRAM**

150 COLCHESTER AVENUE  
BURLINGTON, VERMONT 05401

**CHILDCARE GENERAL HEALTH EXAMINATION FORM**

**Note:** This form can be used for Early Education programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in their Early Education program are also acceptable.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

\_\_\_\_ This child has no health conditions or medications that impact enrollment in Burlington Early Education.

\_\_\_\_ This child has a condition or medication that should be known by the Burlington Early Education Program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Health Care Provider Phone: \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date