

# HEALTH EVALUATION FORM

## KING OF KINGS LUTHERAN PRESCHOOL & KINDERGARTEN

18207 108<sup>TH</sup> Ave SE  
Renton, WA 98055  
425-255-8520

I have examined \_\_\_\_\_ and found him/her to be in good health  
physically and psychologically. \_\_\_\_\_  
(child's name) (date of examination)

\_\_\_\_\_  
(Doctor's Signature)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number)

Doctor, please note any special problems or restrictions on the child's activities, also any food allergies.  
**Please attach a copy of the child's immunization record.**