



Escola Guam, LLC DBA
 World of Wonder Childcare & Learning Center
 PMB 413 1270 N. Marine Dr. Suite 101
 Tamuning, Guam 96913
 Office/Fax: 671-637-0969

Medical Appraisal Form

Child's Name	Birth Date
Parent/Legal Guardian's Name	
Address	Home Phone

I give permission for my child's attending physician to provide World of Wonder Childcare and Learning Center, all medical information which would be helpful to my child.

Parent/Legal Guardian's Signature	Date
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Medical History

Additional Information

Medical History	YES	NO	Additional Information
1. Previous hospitalization	YES	NO	
2. Allergies	YES	NO	
3. Any previous illnesses?	YES	NO	
4. Any surgical operations?	YES	NO	
5. Any physical/mental disabilities?	YES	NO	
6. Is child under the care of a physician?	YES	NO	
7. Any history of convulsions?	YES	NO	
8. Any history of diabetes?	YES	NO	
9. Any history of heart conditions?	YES	NO	
10. Any feeding conditions?	YES	NO	
11. Any history of recurrent diarrhea?	YES	NO	

Physical Examination

Height	Weight
PPD Test: Date given	Date Read
	Result Negative () Positive ()
Name of Clinic	Stamp
Doctor's Signature	Date

* Attach a copy of updated immunization record.