

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE HOME

The child care home/preschool must obtain a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled preschool program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Name of Child: _____

Date of Birth: _____ Sex: _____

Past Illnesses - Check those the child has had and give approximate dates

- | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="radio"/> Chicken Pox | <input type="radio"/> Rubeola | <input type="radio"/> Rubella | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Asthma | <input type="radio"/> Hay Fever | <input type="radio"/> Diabetes | <input type="radio"/> Mumps |
| <input type="radio"/> Epilepsy | <input type="radio"/> Whooping Cough | <input type="radio"/> Poliomyelitis | <input type="radio"/> Other _____ |

Comments: _____

Has the child had any surgeries? _____

If so, what was the reason for the surgery? _____

Has the child had any chronic health problems? _____

If so please state what they are. _____

Describe any physical condition requiring special attention: _____

Medication(s) prescribed: _____

Allergies: _____ and prescribed routine: _____

If tuberculin test given: Date _____ Result: _____

If chest x-ray taken: Date _____ Result: _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: _____

Signature of licensed physician or other health care professional

Date

Physician Name (Please Print): _____

Office Address: _____ Phone Number: _____