



Shepherd of the Hills Christian School

7691 S. University Blvd. Centennial, CO 80122 303-798-0711 ShepherdHills-school.org

Child's Statement of Health Status for Enrollment in Preschool, BASE Camp, or Child Care

The preschool/childcare facility must obtain for every child who enrolls in preschool/childcare programs 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/childcare program. This report is to be filled out by a licensed physician or other healthcare professional who has seen the child in the last twelve months.

Child's Name _____ Sex _____ Date of Birth _____

Address _____

Past illnesses – check those the child has had and give approximate dates:

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

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems:

Describe any physical condition requiring the facility's special attention:

Medication(s) Prescribed: _____

Allergies: _____ and prescribed routine _____

If tuberculin test given: Date _____ Result _____

If chest x-ray taken: Date _____ Result _____

Vision _____ Hearing _____

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 _____

Please print:

Name of physician/health care professional

Address

Phone

