

Child's Statement of Health Status for Enrollment in a Preschool/Child Care Facility 2017-2018

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:

_____ Chicken Pox	_____ Rubeola	_____ Rubella
_____ Rheumatic Fever	_____ Asthma	_____ Hay Fever
_____ Diabetes	_____ Mumps	_____ Epilepsy
_____ Whooping Cough	_____ Poliomyelitis	_____ 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