

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

The preschool facility must obtain for every child who enrolls in a preschool program, 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 (PA or Advanced Practice Nurse) who has performed a full well-child check on the child in the past 12 months. This statement must be resubmitted during the school year at the time of the child's regularly scheduled well-child visit, to be kept current.

Name of Facility _____ Type of Facility _____

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 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	City	State
Zip	Phone	