

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

The child care facility must obtain for every child who enrolls in child care 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 child care 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 Facility _____ Type of Facility _____
Child's Name _____ Sex ____ Date of Birth _____
Address _____

Past illnesses-Fill in the approximate dates of those the child has had:

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