



# **Statement of Health Status**

## For Enrollment

### Must be Completed by a Licensed Physician or Nurse Practitioner with Attached Immunizations. Parents are responsible for any fees involved in getting this form completed.

Children who enroll in childcare programs must submit a signed and dated statement of the child or infant's current health status, which indicates the child's ability and / or limitations to participate in a regularly scheduled program in a group of young children and infants. This report must be completed by a licensed physician or licensed nurse practitioner that has seen the child in the last 2 months.

Child's Name:	Date of Birth		Gender:	
Address:	City	State:	Zip Code:	

#### PAST ILLNESSES:

Please check illnesses your child has had and give approximate date(s).

Illness	Yes	No	Date	Illness	Yes	No	Date
Chicken Pox				Mumps			
Rubella				Epilepsy			
Rheumatic Fever				Whooping Cough			
Asthma				Poliomyelitis			
Hay Fever				Other:	Yes	No	Date
Diabetes							

#### SURGERY / ACCIDENTS / ILLNESSES / CHRONIC OR HANDICAP PROBLEM(S)

Please describe here:		
Medications Prescribed:		
Prescribed Routine:		
This Child Is Is Not	physically/emoti	onally able to participate in the program named above.
Comments:		
If allergies, be aware of:		
If tuberculin test given:	Date	Result
If chest x-ray given:	Date	Result
Vision:		Hearing

#### IMMUNIZATIONS AND DATES ADMINISTERED

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

SIGNATURE:	DATE:				
	SIGNATURE OF LICENSED PHYSICIAN OR LICENSED NURSE PRACTITIONER				
MEDICAL OF	FICE: Please print the name and address of Medical of	ffice			
Medical Offic	e Name:				
Medical Offic	e Address:				