

Blue Sky Kindergarten

3046 11th Street, Boulder, CO 80304, 303-443-4965

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.**

Child's Name _____ Sex _____ Date of Birth _____

Address: _____

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

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

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical conditions 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 on Immunization* and attach to this form.

Signature of licensed physician or other health care professional & **EXAM DATE:**

Signature _____ Date of exam _____

Please print:

Name of Physician/Health Care Professional

Address, City, State, Zip

Phone