

Blue Sky Kindergarten
3046 11th Street, Boulder, CO 80304, 303-443-9098
**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