

Child's Statement of Health Status for Enrollment at
HAGEN EARLY EDUCATION CENTER, 301 HAGEN, STERLING CO 80751
PHONE (970)522-0432 **FAX (970)522-5439**

PARENT/GUARDIAN - PLEASE COMPLETE THIS SECTION

Child's Name: _____

Date of Birth: _____ Sex: ____ Male ____ Female

PAST ILLNESSES Check those that your child has had and give approximate date of illness:

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

DESCRIBE ANY PHYSICAL CONDITIONING REQUIRING THE FACILITY'S SPECIAL ATTENTION:

Parent or Legal Guardian Signature

Date

Health Care Provider: Please complete after parent section has been completed

Date of child's most recent examination: _____

Current Weight: _____ Current Height: _____

Physical Exam: ____ Normal ____ Abnormal (See explanation of significant health concerns)

Significant Health Concerns:

Comments:

Surgeries/Accidents/Illnesses/Chronic Health Problems:

Allergies and prescribed routine:

Medications:

(Separate medication authorization required for medications given in school)

PLEASE RECORD ALL IMMUNIZATIONS AND DATES ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION AND ATTACH TO THIS FORM.

Health Care Provider's Signature

This child is healthy and may participate in all routine activities. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider
(Certifying form was reviewed)

Date: _____

Office Stamp:
Or write Name, Address and phone number
