



**Children's House of Weld County: Montessori
Child's Statement of Health Status
for Enrollment in a Child Care Facility**

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Past Illnesses – check those the child has had and give approximate dates:

Chicken Pox: _____ Rubeola: _____ Rubella: _____

Rheumatic Fever: _____ Asthma: _____ Hay Fever: _____

Diabetes: _____ Mumps: _____ Epilepsy: _____

Whooping Cough: _____ Poliomyelitis: _____ Other: _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition(s) requiring the facility's special attention: _____

Medication(s) Prescribed: _____

Allergies: _____

If Tuberculin Test Given – Date: _____ Result: _____

If Chest X-Ray Given – Date: _____ Result: _____

Vision: _____ Hearing: _____

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

Date of my most recent examination of the child: _____

I have, on this date, examined the child and he/she was found free of communicable diseases and otherwise physically and emotionally fit to participate and attend the Children's House of Weld County.

Signature of licensed physician or other health care professional

Date

Please print legibly

Physician's Contact Information

Child's Physician: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____