



1833 Sunset Place, Suites E & F
Longmont, Colorado 80501
720-494-1622(ph), 720-494-7594(fax)

STATEMENT OF CHILD'S HEALTH STATUS FOR SCHOOL ENROLLMENT

This report is to be filled out, signed, and dated by a licensed physician or other health care professional who has seen the child in the last twelve months.

Child's name _____ Birthdate _____

Health History & Medical Information pertinent to routine child care & emergencies:

_____ None
_____ Describe:

Special diet _____

Allergies _____

Type of reaction _____

Current medications _____

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.), illness, hospitalization, or concerns with development: _____None

Comments: (include instructions to school staff)

Date _____ of most recent examination of child (must be within the last 12 months)

Weight _____ Height _____
Vision _____ Hearing _____ Dental Screening _____

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

Physician/Health Care Professional Signature _____ Date _____

Please Print: Name of Physician/Health Care Professional _____
Address _____
Phone number _____