



HRCAs Preschool Statement of Health Status

Eastridge Preschool Office 303-471-8814

Westridge Preschool Office 720-348-8214

The Preschool/childcare facility must obtain 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 Preschool program. This report is to be filled out by a licensed physician or other health care professional that has seen the child in the last twelve months.

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

Address: _____

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

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Rubeola | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Mumps | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> 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 _____ Results _____

If chest x-ray taken: Date _____ Result _____

Vision _____ Hearing _____

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

Date of my recent examination of the child: _____

Date of next examination of the child: _____

Signature of licensed physician or other health care professional

_____ Date: _____

Please print name and address of physician/care professional:
