



Child's Statement of Health Status

Highlands Ranch Community Association Preschool
9568 University Blvd.
Highlands Ranch, CO 80126
Eastridge Preschool Office 303-471-8814
Westridge Preschool Office 720-348-8214

The Preschool/child care 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 of physician/care professional _____

Address _____