



EARLY LEARNING HEALTH STATEMENT

Children who enroll in the Early Learning program must submit a signed and dated statement of the child's health status which indicates the child's abilities and/or limitations to participate in the regularly scheduled activities associated with the program. This report is to be filled out by a physician or other health care professional who has seen the child in the last twelve months. **You must attach a copy of your immunization records to this form.**

Child's Name: _____ Sex: _____ D.O.B. _____

Physician's Name: _____

Physicians Address: _____ Phone: _____

MEDICAL HISTORY	ALLERGIES	IMMUNIZATIONS
(check off illness child has had) <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Hay Fever <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mumps <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Diabetes	(nature & prescribed routine) <input type="checkbox"/> Food _____ _____ <input type="checkbox"/> Penicillin _____ _____ <input type="checkbox"/> Insect Bites _____ _____ <input type="checkbox"/> Other Drugs _____ _____	(month/year of last booster) DPT _____ _____ MMR _____ _____ Polio _____ _____ TB Test _____ _____ Other _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Is the child on any medications? (explain) _____

Physical limitations _____ Describe _____

Dietary limitations _____ Describe _____

Vision _____ Hearing _____

I will not allow my preschool child to attend if he/she becomes exposed to any contagious disease or if, for any reason, I do not consider my child to be in good physical condition.

Signature of parent or guardian

Date

Date of most recent examination of child

Date

Signature of Licensed physician

Date

