

**STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN
COUNTERPOINT SCHOOL**

This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months. This is dated of the child's current health status which indicates the child's abilities and/or limitations to participate in our preschool.

Name of facility: _____

Child's Name: _____

Sex: _____

Date of Birth _____

Address: _____

Past illnesses: Check those the child has had and give approximate dates.

Chicken pox _____

Rubella _____

Hay Fever _____

Rheumatic Fever _____

Asthma _____

Epilepsy _____

Diabetes _____

Mumps _____

Other _____

Whooping Cough _____

Poliomyelitis _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems:

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

Medications prescribed: _____

Allergies: _____

Prescribed Routine: _____

If tuberculin test given, Date: _____

Result: _____

If chest x-ray taken, Date: _____

Result: _____

Vision: _____

Hearing: _____

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

Date of the most recent examination of the child: _____

Signature of licensed physician or other health care professional: _____

Date: _____

Please Print: _____

Name of physician/health care professional

Address City State

Zip Phone