

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

Child's Statement of Health Status for Enrollment

This report is to be completed by a health care provider who has seen the child in the last twelve months.

No later than 30 days after admission, this report or a written verification of a scheduled appointment with a health care provider must be given to the ECE teacher.

The ECE program may refuse to admit a child if a statement from an approved health care professional is not submitted.

- Gender _____
- Date of child's most recent examination: _____ Date next visit is required: _____
- Known allergies _____
- Medications being taken and possible side effects: _____
- Prescribed routine: _____
- Past illnesses - Check those the child has had and give approximate dates:
Chicken Pox Rubeola Rubella Rheumatic Fever Asthma Mumps
Hay Fever Diabetes Epilepsy Whooping Cough Poliomyelitis Other
- If tuberculin test given: Date _____ Result _____
- If chest X ray taken: Date _____ Result _____
- Date of screening for: Vision _____ Hearing _____ Dental _____ Developmental _____
- Was the child referred for further evaluation? Yes / No
- Surgery/Accidents/Illnesses/Chronic or Handicapping Problems: _____
- Describe any physical condition requiring special attention by staff: _____
This child is / is not physically and/or emotionally able to participate in the DPS ECE program.
- Comments: _____

Health Provider Name _____ Phone _____

Address _____ City & Zip _____

****ONLY REQUIRED FOR HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

Height at exam: _____ B/P: _____ HCT: _____ Lead Level: _____
Tuberculosis Status: Not indicated Date done: _____ Results: _____

Signature of licensed physician or licensed nurse practitioner

Date