

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT

Denver Public Schools (DPS) Early Childhood Education (ECE) Program

Children in ECE must submit a signed and dated statement of the child's current health status upon admission which indicates the child's ability and/ or limitations to participate in a regularly scheduled program in a group of young children. *This report is to be completed by a licensed physician or licensed nurse practitioner 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.

Child's Name _____ Gender _____ Birth Date _____

Address _____ City & Zip _____

• Date of child's most recent examination: _____ Date next visit is required: _____

• Known allergies _____

• Mediations 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 _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

• If tuberculin test give: Date _____ Result _____

• If chest X-ray taken: Date _____ Result _____

• Date of Screening for: Vision _____ Hearing _____ Dental _____

• Surgery/Accidents/Illnesses/Chronic or Handicapping Problems: _____

• Describe any physical condition requiring special attention by staff: _____

• This child is _____ is not _____ physically and/emotionally able to participate in the DPS ECE program.

• Next physical exam is due: _____ *(A date MUST be entered!)*

Health Provider Name _____ Phone _____

Address _____ City & Zip _____

Signature of licensed physician or licensed nurse practitioner

Date