

Child's Statement of Health Status for Enrollment at  
**HAGEN EARLY EDUCATION CENTER, 301 HAGEN, STERLING CO 80751**  
PHONE (970)522-0432 **FAX (970)522-5439**

**PARENT/GUARDIAN - PLEASE COMPLETE THIS SECTION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**PAST ILLNESSES** Check those that your child has had and give approximate date of illness:

_____ Chicken Pox	_____ Rubeola	_____ Rubella
_____ Rheumatic Fever	_____ Asthma	_____ Hay Fever
_____ Diabetes	_____ Mumps	_____ Epilepsy
_____ Whooping Cough	_____ Poliomyelitis	_____ Other

DESCRIBE ANY PHYSICAL CONDITIONING REQUIRING THE FACILITY'S SPECIAL ATTENTION:

\_\_\_\_\_

**Parent or Legal Guardian Signature**

**Date**

**Health Care Provider: Please complete after parent section has been completed**

Date of child's most recent examination: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Current Height: \_\_\_\_\_

Physical Exam: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal (See explanation of significant health concerns)

Significant Health Concerns:

\_\_\_\_\_

Comments:

\_\_\_\_\_

Surgeries/Accidents/Illnesses/Chronic Health Problems:

\_\_\_\_\_

Allergies and prescribed routine:

\_\_\_\_\_

Medications:

(Separate medication authorization required for medications given in school)

PLEASE RECORD ALL IMMUNIZATIONS AND DATES ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION AND ATTACH TO THIS FORM.

**Health Care Provider's Signature**

This child is healthy and may participate in all routine activities. Any concerns or exceptions are identified on this form.

\_\_\_\_\_  
**Signature of Health Care Provider**  
(Certifying form was reviewed)

Date: \_\_\_\_\_

**Office Stamp:**

**Or write Name, Address and phone number**

\_\_\_\_\_