



STATEMENT OF HEALTH STATUS

Place of Grace Early Learning Center must obtain for every child who enrolls a signed and dated statement of the child's current health status and immunization records, which indicates the child's abilities and/or limitations to participate in a regularly scheduled childcare program. This report is to be filled out by a licensed physician or other health care professional that has seen this child in the last twelve months. Please return to parent after visit, mail to: Place of Grace Early Learning Center, 199 Old Cheat Road, Morgantown, WV 26508, or fax to 304.292.4732. If you have any questions regarding this form, please contact the center at 304.292.4722.

Child's Name: _____ Sex: _____ Birthdate: _____

Address: _____

Past Illnesses (*Please check those the child has had and give approximate dates*):

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

Surgery/Accidents/Illnesses

Date	Type	Time of Recovery

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

Medications prescribed: _____

Allergies: _____

If tuberculin test given: Date _____ Results _____

If chest x-ray given: Date _____ Results _____

Vision: _____ Hearing: _____

Please record immunizations and dates administered on the Immunization Record form and attach to this form.

Date of my most recent examination of the child: _____

If the child is younger than 3 months, does the childcare provider approve the child's entrance into a group care setting?

YES NO N/A

Physician's Signature: _____ Date: _____

(Or other health care professional)

PLEASE PRINT

Name of Physician/Health Care Professional: _____

Address: _____

Phone #: _____ Fax: _____

PLEASE ALSO ATTACH FULL IMMUNIZATION RECORD!