



Fountain • Fort Carson
SCHOOL DISTRICT EIGHT

10665 Jimmy Camp Road
Fountain, CO 80817
Phone (719) 382-1300 • Fax (719) 382-7338

Child's Statement of Health Status for Enrollment in a Preschool Program

The preschool program must obtain for every child who enrolls in a preschool program, a signed and dated statement of the child's current health status, which indicates the child's ability and/or limitations to participate in a regularly scheduled preschool program. 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.

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

Past Illnesses: check those the child has had and give approximate dates:

- Chicken Pox _____
- Heart Condition _____
- Kidney/Bladder _____
- Asthma _____
- Diabetes _____
- Sickle Cell _____
- Autism _____
- Headaches _____
- Epilepsy _____
- Hemophilia _____
- Orthopedic _____
- Allergy _____
- Psychological Disorder _____
- Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Illnesses/Head Injury: _____

Describe any physical condition requiring the preschool's special attention and specific instructions for care: _____

Medication(s) prescribed and routine: _____

Vision: _____ Hearing: _____

Please attach a copy of immunizations and dates administered.

Date of the most recent examination of the child: _____

Signature of physician/other health care professional

Date

Please Print:

Name of Physician/Health Care Professional

Address

City

State

Zip

Phone