

Le Petit Home Day Care

STATEMENT OF HEALTH STATUS

Le Petit Home Day Care must obtain for every child who enrolls a signed and dated statement of the child's current health status, 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.

Child's Name: _____ Sex: _____ Birth date: _____

Address: _____

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

Chicken Pox _____ Rheumatic Fever _____

Diabetes _____ Whooping Cough _____

Rubella _____ Asthma _____

Mumps _____ Poliomyelitis _____

Rubella _____ Hay fever _____

Epilepsy _____ Other _____

Surgery/Accidents/Illnesses

Date	Type	Time of Recovery

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

Medications prescribed: _____

Allergies: _____

STATEMENT OF HEALTH STATUS - continued

If tuberculin test given: Date_____Results_____

If chest x-ray given: Date_____Results_____

Vision:_____Hearing:_____

Please record immunizations and dates administered on the Ontario Ministry of Health Immunization Record and attach to this form.

Date of my most recent examination of the child:_____

Physician's Signature:_____Date_____

(Or other health care professional)

PLEASE PRINT

Name of Physician/Health Care Professional:_____

Address:_____

Phone #:_____Fax:_____