

## CHILD'S HEALTH STATUS FORM

Dear Physician:

The completion of this form is necessary for this child to be cared for at The Little Angels School House

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Parents or Guardians Name \_\_\_\_\_

If Tuberculin test given:      Date \_\_\_\_\_      Result \_\_\_\_\_

If chest x-rayed:      Date \_\_\_\_\_      Result \_\_\_\_\_

Surgery, accidents, illnesses, chronic or handicapping problems

\_\_\_\_\_  
\_\_\_\_\_

Need for medication or special diet \_\_\_\_\_

Is the child up to date on immunizations? \_\_\_\_\_ (attach record including type and date)

Physical findings (include if tested vision and hearing)

\_\_\_\_\_  
\_\_\_\_\_

Comments and recommendations for child care personnel:

\_\_\_\_\_  
\_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DOCTOR'S PHONE NUMBER \_\_\_\_\_