

# Health Report For School-Age Child

(To Be Completed By Parent)

## I. IDENTIFYING INFORMATION

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

## II. IMMUNIZATION HISTORY

Our records indicate that this child has the following immunizations:

Immunizations	DATES GIVEN					
	Dose No.1	Dose No.2	Dose No.3	Dose No.4	Dose No.5	Dose No.6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

## III. CURRENT HEALTH PROBLEMS

a) Allergic to the following; or allergies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Any special medical condition/problem the child care provider should be aware of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Special medication for chronic problems  
\_\_\_\_\_  
\_\_\_\_\_

## IV. RESTRICTIONS NECESSARY FOR THE CHILD'S CARE

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

This will certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in child care.	Date	Parent's or Legal Guardian's Signature
---	------	--