



STATEMENT OF HEALTH STATUS- ENROLLMENT FORM The Childcare facility 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 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.

Name: _____ Sex: _____
 Birthdate: _____ Address: _____

Past Illnesses (Please check those the child has had and give approximate dates):
 Chicken Pox _____ Rheumatic Fever _____ Diabetes _____ Whooping Cough _____
 Rubeloa _____ 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 give: Date _____ Results _____

If chest x-ray give: Date _____

Results _____

Vision: _____

Hearing: _____

Date of my most recent examination of the child: _____

****Please record immunizations and dates administered on the Maine Department of Health Certificate of Immunization and attach to this form.****

PLEASE PRINT CLEARLY Name of

Physician _____

Address: _____

Phone: _____

Fax: _____

Physician's Signature: _____

Date: _____

PLEASE FAX OR MAIL THIS COMPLETED FORM TO
 PORTSIDE LEARNING CENTER, 1976 WASHINGTON AVE, PORTLAND, MAINE 04101
 FAX: 207-797-7824