

**SCHOOL-AGE ASSESSMENT & HEALTH FORM
& IMMUNIZATION DECLARATION**

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL
FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

My signature below certifies that immunization information concerning my child has been provided and is available in the school file.

Parent's Signature _____ Date _____