



## School Age Assessment Health Form and Immunization Declaration

### Health Statement

Child's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has your child had any significant illness or surgery?  Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_

Does your child have any special health-related needs such as allergies, injuries or medications that require additional attention?  Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_

### Physical Assessment

Does your child experience any problems with vision, hearing or speech that we should be aware of, or could compensate for with appropriate action?  Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_

Does your child have a physical condition that might limit his or her classroom activities or physical education?  Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_

Does your child have a physical condition that might result in an emergency situation?  Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_

Does your child have any mental or physical conditions for which he or she should remain under periodic medical observation?  Yes  No (If yes, please explain.) \_\_\_\_\_

\_\_\_\_\_

Is there any other medical information you feel we should know to provide your child with the best possible care? \_\_\_\_\_

\_\_\_\_\_

Parent's Signature

Date

**For Centers serving school-age children operating in the same facility in which your child attends school: My signature below certifies that immunization information for my child has been provided and is available in the school file.**

Parent's Signature

Date