

Please have your child's doctor fill out this form, or provide the same information on their own letterhead. Exam must be current within the last 12 months.



Health Status Statement 2009-2010			Exam Date
Child's Name		Child's Birthdate	
Weight	Age/Weight %	Height	Age/Height %
Surgeries, accidents, or significant medical problems and dates of occurrence			
Medications taken regularly, including dose and time			
Significant Birth History and/or Family History			
Allergies & Restrictions			
Medication Allergies		Food Allergies	Other Allergies
Dietary Restrictions			
Restrictions on Activity			
Physician Information	Physician's Name		Physician's Phone Number
Physician's Address			
Physician's Signature			Date

PLEASE ALSO FILL OUT AND SIGN ATTACHED IMMUNIZATION FORM.