

# SCHOOL-AGE ASSESSMENT & HEALTH FORM & IMMUNIZATION DECLARATION

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

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Child's Full Name

Birth Date

1.1 Significant Illnesses and surgeries child has had (give age at time):

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

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2. **PHYSICAL ASSESSMENT** – To be completed by parent.

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

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

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2.3 Is this child subject to any conditions which may result in an emergency situation?

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

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2.5 Other information you would like to share:

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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 their school file.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_