

**Department of Public Health and Human Services
Child Care Licensing Bureau
Pediatric Health Statement**

Infant/Child's Name: _____ **Date of Birth:** _____

Parent/Guardian's Name: _____

EXAMINATION:

Known Health Conditions: _____

Allergies (specific): _____

Special Medication: _____

Immunizations Current: _____

Restrictions: _____

Comments: _____

I have examined _____ and find no unusual health risks to him/her or to other children in the day care setting.

(PLEASE PRINT - Medical Professional's Name)

_____ **Date:** _____
(Signature of Medical Professional)

PLEASE CONSULT: ARM 37.95.128