

CERTIFICATE OF GOOD HEALTH

The **State of Michigan**, our licensing agency, requires a current health appraisal form to be on file for each student. We have received an exemption from that rule because we enroll only students from the local school. In its place, we are asking you to complete this form.

Child's Name: _____ Date of Birth _____

Has your child been diagnosed with any of the medical conditions or problems listed below?	YES	NO
1. Allergies		
2. Hay Fever		
3. Asthma		
4. Eczema or frequent skin rashes		
5. Convulsions/Seizures		
6. Heart Trouble		
7. Diabetes		
8. Frequent colds, sore throats, earaches (4 or more per year)		
9. Trouble passing urine or bowel movements		
10. Shortness of breath		
11. Speech problems		
12. Menstrual problems		
13. Dental problems: date of last examination		
14. Reactions to food, medication or other that has not been diagnosed by a Doctor as an allergy.		
15. Other		
Please explain any problem areas identified above:		
Does your child take any medications regularly?		
If yes, what medication?		
Reason for Medication:		

I hereby certify that my child is in good health and that his/her immunizations are current. I will assume responsibility for my child's health while at the childcare center.

Signature of Parent of Guardian: _____ Date: _____

Please Circle the school your child will attend: Masonic Heights Rodgers Violet