HEALTH CERTIFICATE 2024-2025

registration forms.

COVENANT COMMUNITY PRESCHOOL

The Health Certificate and Immunization Record are due before the first day of school and may be submitted after the

Child:	First Name:	M.I	_ Last Name:		
Gende	r:[]Male []Female Ag	e Date of Birth:			
A. His	tory (This section may be o	completed by a parent/leg	al guardian or health ca	regiver.)	
1.	Is child allergic to anythir	ng? No Yes If yes, p	lease describe:		
2.	Is child currently under a	doctor's care? No Yes	If yes, please descri	be:	
3.	Any previous hospitalizat	tions or operations? No	_ Yes If yes, please o	escribe:	
4.	Any history of significant	previous diseases or recu	rrent illness? No Yes	If yes, please describe:	
5.	Does the child have any p	ohysical disabilities: No	Yes If yes, please d	escribe:	
6.	Any mental disabilities? I	No Yes If yes, pleas	e describe:		
curren		Board of Medical Examine	• ,	nsed physician, an authorized rd from bordering states), a c	•
	:% Weight				
Height	Fyes	% %	Nose	⁻ eeth	
Height	Fyes	% %	Nose estAbd/GU	- eeth Ext	_
Height Head_ Throat	Eyes : Neck	% Ears Heart Cho	est Abd/GU _	eethExt Hearing	
Height Head_ Throat Neuro	Eyes E Neck logical System	% Ears Cho Skin	est Abd/GU _ Vision	Ext	
Height Head_ Throat Neuro Result	Eyes Eyes : Neck logical System s of Tuberculin Test, if give	%EarsCho Heart Cho Skin en: TypeDate	est Abd/GU _ Vision_ Normal _	Ext Hearing	
Height Head_ Throat Neuro Result	Eyes Eyes Neck Neck logical System s of Tuberculin Test, if give	Ears Cho Heart Cho Skin en: Type Date yed age approp	estAbd/GUVisionNormalriate	Ext Hearing	
Height Head_ Throat Neuro Result: Develo	Eyes Eyes Neck Neck logical System s of Tuberculin Test, if give	Ears	estAbd/GUVisionNormalriate	Ext Ext Hearing Hearing Hearing Follow-up _	

INDIVIDUALIZED CARE PLAN

An Individualized Care Plan signed by the child's Health Care Provider is required for children with a special need that may require preschool staff intervention. Individualized Care Plans must include the child's condition, symptoms that may occur, and course of action the CCP staff should follow. Health care plan is required before the first day of school

Signature of authorized examiner/title ______ Phone #_____