

**DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
State of Montana -- Pediatric Health Statement**

Infant/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent'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 - Provider's Name)

\_\_\_\_\_  
(Signature) **Date:** \_\_\_\_\_

PLEASE CONSULT:      ARM 37.95.128

# DPHHS-DCH-200, revised 12/2004