

**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

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