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)

_________________________________________________ Date: ___________________
(Signature)

PLEASE CONSULT: ARM 37.95.128

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