Haldimand-Norfolk
REACH
supporting children, families, communities

HEALTH CERTIFICATE FOR CHILDREN IN LICENSED HOME CHILD CARE

Personal information on this form is collected under the authority of the Day Nurseries Act, Section 33, Amended 1990 and the Health Protection Act 1993. This information will be kept on file at the childcare setting or designated location. It will be used to maintain a cumulative record.

NAME:_____DATE OF BIRTH:_____SEX_____
(YR/MTH/DAY)

ADDRESS: _____POSTAL CODE:_____

TELEPHONE: (home)_____(business):_____

SIGNIFICANT MEDICAL HISTORY	
e.g. Allergies – drug, bee sting, food environmental, animals Diseases – asthma, epilepsy, diabetes, communicable disease	Medication – Phenobarbital, Ritalin, etc Problems – vision, hearing, speech, other

NOTE: All immunization mandatory – please **date** when vaccine given by **year/month/day** and check off the appropriate column.
If you wish to be exempted for immunization, please speak to the operator/provider.

DATE (YR/MTH/DAY)	Diphtheria	Tetanus	Pertussis	Polio	Haemophilus B Hib (meningitis)	Prevnar (conjugate Pneumococcal)	Measles Rougeole	Mumps Oreillons	Rubella	Meningococcal conjugate	Varivax (chicken pox)	Hepatitis B	**COMMENTS**

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