

TRONDHEIM KOMMUNE

Child with a place in day care HEALTH DECLARATION Confidential

The health declaration can be written by the doctor who examines the child, or can be given by the parents/guardian if the child has attended the normal check-ups at the public health clinic.								
About the child					Date of birth/National			
First name	Family name				identity no. (11 digits)	Telephone no.		
Address			Postal code	Postal dis	strict			
1st. Parent/Guardian								
First name	Family name							
Address			Postal code	Postal dis	strict			
2nd. Parent/Guardian	Family and a							
First name	Family name							
Address			Postal code	Postal dis	strict			
Hvem kan kontaktes når barnet e Name	er i barnenage	Address				Telephone no.		
		Audress						
Name		Address				Telephone no.		
Information about the child Spec	ial conditions the da	וע-נאנפ נפנ	ntre should kni	ow about ((if necessary use senarat	re sheet of paper)		

Illness Inflammation of the ear (ear ache) Problems with eyesight	Yes No Often					
Reduced hearing Fever convultions Any treatment	Yes No Has inserted a drain Yes No					
Does the child have	Asthma Allergies Eczema					
Does the child have any food allerg	ies/food intolerance?					
Name of the public health clinic	Address	Telephone				
Has the child attended the ordinary	check-ups at the public health clinic (<i>helsestasjon</i>) Yes No					
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Vaccination Has the child followed the normal	Vaccination programme? Yes No	II takeli:				
Has the child needed a tuberculosis	check-up? Yes No See information at <u>www.trondheim.ko</u>	ommune.no/vaksinasjon				
Out of consideration for your own child and other children, your child must be healthy when it is in the day-care centre. If you are in doubt, contact the public health nurse (<i>helsesøster</i>) or a doctor.						
If my child or anyone in my closest family has an infectious disease, I/we will inform the day-care centre						
Place, date	Signature					