# CHILD HEALTH FORM TO BE COMPLETED BY PARENT OR GUARDIAN:

					/	/	
CHILD'S LAST NAME	FIRST NAME	M.I	DOB:	MO	DAY	YEAR	
	CHILD'S ADDRESS						
WE/I	GIVE PERMISSION TO OBTAIN/RELEASE MEDIO	CAL INFORMA	ATION				
SIGNATURE OF PARENT/GUARDIAN	ON THE ABOVE CHILD.						
PLEASE RETURN TO:							
NAME OF CHILD CARE PRO	GRAM						
HISTORY: TO BE COMPLETED BY PHYSICIAN (THIS INFORMATION WILL BE HELD CONFIDENTIAL A	ND WILL BE USED ONLY FOR THE RENEFIT OF TH	пе сип р/					
(THIS INFORMATION WILL BE HELD CONFIDENTIAL A	WILL BE USED ONLY FOR THE BENEFIT OF TH	iis Cililb).					
A PRENATAL, PERINATAL AND POSTNATAL DEVI	ELODMENT: ANV SIGNIEICANT EINDINGS TU	AT COLUD II	NEI HENI	се тиі	e chii D,	SADADTAT	TONE
TO A CHILD CARE SETTING (I.E., PHYSICAL HAND)					3 CHILD	3 ADAFTAT	IONS
TO A CHILD CARE SETTING (I.E., THI SICAL HAND.	ICAI, SENSORT EOSS, DEVELOT MENTAL IRRE	COCLARITIE	.5):				
D							
B. ANY CHRONIC ILLNESS THAT MAY REQUIRE I		S OR PRECA	AUTIONS	IN A C	CHILD CA	RE SETTING	з̀ (Е.G.,
RECURRENT EAR INFECTIONS, SEIZURE DISOR	RDER, ALLERGIES)?						
C. ANY HOSPITALIZATIONS, OPERATIONS, OR SP	PECIAL TESTS OF WHICH A CHILD CARE PROV	IDER SHOU	LD BE AV	WARE?	?		
D. PERTINENT FAMILY, SOCIAL OR HEALTH CHA	AR ACTER ISTICS?						
2. TERRIE CHIEF TO THE CHIEF CHIEF							
	ZATIONS FOR SIMILE SARE ASSESSED AS	PPEND 4 2 2	O.E.				
IMMINI:	ZATIONS FOR CHILD CARE AGENCY AT	i"i'h'.Ni)a N(	( 'H'.				

## IMMUNIZATIONS FOR CHILD CARE AGENCY ATTENDANCE PARENT MAY SUBSTITUTE A COPY OF CHILD'S IMMUNIZATION RECORD

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE
DTP/DTAP						
HIB						
DTP-HIB						
TD						
OPV OR IPV						
MMR						
HEP-B						
VARICELLA						
OTHER						

### COMMUNICABLE DISEASE HISTORY

### RECOMMENDED SCREENING & TESTING OF ATTENDEES

	DATE OF	LABORATORY					
DISEASE	DIAGNOSIS	CONFIRMATION	PHYSICIAN		DATE	METHOD	RESULT:
CHICKENPOX		NOT APPLICABLE		TB (FOR HIGH RISK CHILDREN ONLY)			
OTHER:				VISION			
				HEARING			
				SPEECH			
				НІВ/НСТ		NOT APPLICABLE	
				URINE		NOT APPLICABLE	
				LEAD		NOT APPLICABLE	

DATE OF NEXT SCHEDULED EXAM: \_\_

LENGTH/HEIGHTIN/CM %ILE			WEIGHT _LB/KG %ILE		HEAD CIRCUN IN/CM	_   1	BLOOD PRESS	SURE	
							·		
CHECK ( ) EACH LINE	NORMA L	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK ( ) EACH	NORMA	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMIN
SKIN/SCALP	L				NOSE, THROAT,	L			
NUTRITION					MOUTH TEETH & GUMS				
NEUROLOGY &					GLANDS INC.			<del> </del>	
MUSCULAR					THYROID				
ORTHOPEDIC &					CHEST,				
PINE					BREASTS				
EYE EARS					HEART, LUNGS ABDOMEN			-	
PEECH					GENITALIA				
	LUDE ALL	ERGIES TO F	OOD, MEDICA	ATION, OR C	OTHER SUBSTANCE	ES:			
ASSESSMENT OF	PHYSIC	AL DEVELO	OPMENT:	ATION, OR C	OTHER SUBSTANCE	ES:			
ALLERGIES: INC ASSESSMENT OF A. ESTIMATE OF	F PHYSIC F LEVEL	AL DEVELO	OPMENT: ATION:						
ALLERGIES: INC ASSESSMENT OF A. ESTIMATE OF A. INFANCY (	F PHYSIC F LEVEL 0-2 YEAR	AL DEVELO OF MATUR S)	OPMENT: ATION: EARLY: _		MID:			E:	
ASSESSMENT OF A. ESTIMATE OF A. INFANCY ( B. MID-PRESC	F PHYSIC F LEVEL 0-2 YEAR CHOOL (2-	AL DEVELO OF MATUR S) -4 YEARS)	OPMENT: ATION: EARLY: _ EARLY: _		MID:		LAT	E:	
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ASSESSMENT OF A. ESTIMATE OF A. INFANCY ( B. MID-PRESC C. PRESCHOOL D. SCHOOL-A E. ADOLESCE	F PHYSIC F LEVEL 0-2 YEAR CHOOL (2- DL (4 YEA) GE (6-10 Y	AL DEVELO OF MATUR S) -4 YEARS) RS) YEARS)	OPMENT: ATION: EARLY: _ EARLY: _ EARLY: _		MID: MID: MID:		LAT LAT LAT	E: E:	
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SSESSMENT OF A. ESTIMATE OF A. INFANCY ( B. MID-PRESC C. PRESCHOOL D. SCHOOL-A E. ADOLESCE OMMENTS  S. ESTIMATE OF GROSS MOTOR: INE MOTOR:	F PHYSIC F LEVEL 0-2 YEAR CHOOL (2- DL (4 YEA) GE (6-10 YEA) CNT (11-18	AL DEVELO OF MATUR S) -4 YEARS) RS) YEARS) YEARS) YEARS	DPMENT: ATION: EARLY: EARLY: EARLY: EARLY: EARLY: CONSISTENT W DEVELOPMENT	/ITH AD	MID: MID: MID: MID: MID:		LAT LAT LAT	E: E: E:	
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ALLERGIES: INC.  ASSESSMENT OF A. ESTIMATE OF A. INFANCY ( B. MID-PRESC C. PRESCHOOL D. SCHOOL-A E. ADOLESCE COMMENTS  B. ESTIMATE OF GROSS MOTOR: TINE MOTOR:	F PHYSIC F LEVEL 0-2 YEAR CHOOL (2- DL (4 YEA) GE (6-10 YEA) CNT (11-18	AL DEVELO OF MATUR S) -4 YEARS) RS) YEARS) YEARS) YEARS	DPMENT: ATION: EARLY: EARLY: EARLY: EARLY: EARLY: CONSISTENT W DEVELOPMENT	/ITH AD	MID: MID: MID: MID: MID:		LAT LAT LAT	E: E: E:	