

HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

FSSA - MS02 402 WEST WASHINGTON STREET, RM W361 INDIANAPOLIS, IN 46204

State Form 49969 (R4 / 2-15)

Address (number and street, city, state, and ZIP code)										
Mame Telephone number ()	Name of child (last, first)		Date of birth (month, day, year)	Date of admission (month, day, year)						
MEDICAL HISTORY Communicable Disease Month / Year Condition Explain if present Alergies: Handicapping conditions: Bersenings Result / Date (month, day, year) TR Risk / Symptom Developmental Screen Lead PHYSICAL EXAMINATION Skin Heart Lymphnodes Lungs Eyes Abdomen Ears Abdomen Ears Abdomen Ears Abdomen Teeth and Mouth Other: Other: Other: Developmental Green Lead PHYSICAL EXAMINATION Skin Heart Hourds Lymphnodes Lungs Other: Other Developmental Green Longs Lymphnodes Lungs Lymphnodes Lungs Other: Other Other: Other Heart Hourds Abdomen Ears Abdomen Cars Abdomen Ears Abdomen	Address (number and street, city, state, and	I ZIP code)								
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