



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

State Form 45877 (R2 / 7-00) / BCD 0054

**CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN**

Name of child (<i>last, first</i>)		Date of birth	Admission date
Address (<i>number and street, city, state, ZIP code</i>)			
Child lives with (<i>relationship</i>)	Name		Telephone number

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION	
Date of exam	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)? Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

(Over)

