CHILD'S LAST NAME		FIRST N	IAME	M.	. DOB: MO	DAY . YEAR
		CHII	LD'S ADDRESS			
WE/I	PARENT/GUARDIAN		give permission above child.	n to obtain or release	necessary informa	ation on the
PLEASE RETURN	I T0:					
	NAME OF CHILD CA					
	COMPLETED BY PH		FORMATION WILL E	BE HELD CONFIDEN	TIAL AND WILL I	BE
ISED ONLY FOR	THE BENEFIT OF TH	HIS CHILD).				
A PRFNATAL, PFRI	NATAL AND POSTNAT	AL DEVELOPMENT:	ANY SIGNIFICANT F	TINDINGS THAT COU	D INFLUENCE TH	IS CHILD'S
•	A CHILD CARE SETTI					
.27 171120110 10	7. 6	(=:=:, : : : : ====	, 02.1001	000,	,	
				DOED! /4 TTO NO. OD. DD		
	LLNESS THAT MAY RE	-	•		ECAUTIONS IN A	CHILD CARE
ETTING (E.G., RE	CURRENT EAR INFECT	HONS, SEIZURE DI	SORDER, ALLERGIES	o)?		
. ANY HOSPITALI	ZATIONS, OPERATION	NS. OR SPECIAL TES	STS OF WHICH A CH	II D CARE PROVIDER	SHOULD BE AWAR	RF?
		,				
. PERTINENT FAM	ILY, SOCIAL OR HEAL	LTH CHARACTERIST	TICS?			
		IMMIINIZATIONE	EOD CHILD CADE	AGENCY ATTENDA	ICE.	
	PARENT			'S IMMUNIZATION F		
VACCINE	DATE	DATE	DATE	DATE	DATE	DATE
TP/DTAP						
IIB						
TP-HIB						
	+					
D	+					
D DPV OR IPV						
TD DPV OR IPV MMR						
TD DPV OR IPV MMR HEP-B						
TD OPV OR IPV MMR HEP-B VARICELLA OTHER						

COMMUNICABLE DISEASE HISTORY

RECOMMENDED SCREENING & TESTING OF ATTENDEES

COMMUNICABLE DISEASE HISTORY			RECOMMENDED SCREENING & TESTING OF ATTENDEES				
DISEASE	DATE OF DIAGNOSIS	LABORATORY CONFIRMATION	PHYSICIAN		DATE	METHOD	RESULT:
CHICKENPOX		NOT APPLICABLE		TB (FOR HIGH RISK CHILDREN ONLY)			
OTHER:				VISION			
				HEARING			
				SPEECH			
				HBG/HCT		NOT APPLICABLE	
				URINE		NOT APPLICABLE	
				I FAD		NOT APPLICARLE	1

HEALTH ASSESSMENT: (TO BE COMPLETED BY LICENSED HEALTH PRACTITIONER)

CHILD'S NAME: PHYSICAL EXAM:				
LENGTH/HEIGHTIN/CM %ILE	WEIGHT LB/KG %ILE	HEAD CIRCUMFERENCEIN/CM %ILE	BLOOD PRESSURE	

CHECK() EACH LINE	NORMAL	ABNORMAL-	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK EACH LINE:	NORMAL	ABNORMAL	NEEDS - FOLLOW-UP'	NOT EXAMINE
KIN/SCALP					NOSE, THROAT, MOUTH				
IUTRITION					TEETH & GUMS				
EUROLOGY & IUSCULAR					GLANDS INC. THYROID				
ORTHOPEDIC & SPINE					CHEST, BREASTS				
EYE					HEART, LUNGS				
EARS					ABDOMEN				
SPEECH					GENITALIA				
TEMPERMENT COMMENTS		EASY	-GOING		AVERAGE	<u> </u>	_	DIFFICULT	
ALLERGIES: INCLUD	E ALLERGIE	S TO FOOD, N	MEDICATION, C	OR OTHER SU	JBSTANCES:				
A. ESTIMATE OF LI	EVEL OF N	IATURATION	l:						
A. INFANCY (I B. MID-PRES			EARLY: EARLY:		MID: MID:	_	LATE	:	
D. WIID-PRES			CARLI		1,110,	_	LAIL	•	
C. PRESCHO	OL (4 YEAI	RS)	EARLY: EARLY:		MID: MID:	_	LATE	<u></u>	

, _				
A.	INFANCY (0-2 YEARS)	EARLY:	MID:	LATE:
B.	MID-PRESCHOOL (2-4 YEARS)	EARLY:	MID:	LATE:
C.	PRESCHOOL (4 YEARS)	EARLY:	MID:	LATE:
D.	SCHOOL-AGE (6-10 YEARS)	EARLY:	MID:	LATE:
E.	ADOLESCENT (11-18 YEARS)	EARLY:	MID:	LATE:
COMMEN	TS			

B. ESTIMATE OF F	FUNCTIONAL CAPACI	TY:				
	DELAYED FOR DEVELOPMENT PHASE	CONSISTENT WITH DEVELOPMENT-PHASE	ADVANCED FOR DEVELOPMENT PHASE		COMMENTS	
GROSS MOTOR:						
FINE MOTOR:						
LANGUAGE SKILLS:						
SOCIAL SKILLS:						
EMOTIONAL:						
PHYSICIAN'S SIGNATURE					DATE OF EXAM	
PHYSICIAN'S NAME - TYPED OR PRINTED DATE					TELEPHONE NUMBER	
DATE OF NEXT SCHEDULED EXAM:						