



CHILD HEALTH FORM

To Be Completed by Parent or Guardian:

_____ Child's Name _____ Date of Birth _____ Sex _____

Child's Address _____

We/I _____
 (Signature of Parent or Guardian)

give permission to obtain or release necessary health information on the above child

Please return to: _____

This information will be held confidential and will be used only for the benefit of this child.

To Be Completed by Physician:

HISTORY

A. Prenatal, perinatal and postnatal development: Any significant findings that could influence this child's adaptations to a child care setting (i.e., physical handicap, sensory loss, developmental irregularities)?

B. Any chronic illness that may require regular medication, particularly observations or precautions in a child care setting (e.g., recurrent ear infections, seizure disorder, allergies)?

C. Any hospitalizations, operations, or special tests of which a child care provider should be aware?

D. Pertinent family, social or health characteristics?

E. Immunization and infectious disease history:

	DATES OF IMMUNIZATIONS					DATE OF ILLNESS
	d/m/y	d/m/y	d/m/y	d/m/y	d/m/y	
Polio, Oral						
Polio, Salk						
Diphtheria						
Tetanus						
Whooping Cough						
Measles*						
Mumps*						
Rubella*						
Chicken Pox						
Scarlet Fever						

TESTS	DATE	METHOD	RESULT
TB			
Vision			
Hearing			
Speech			

	DATE	RESULT
Hbg/Hct		
Urine		
Lead		
Other		

*For various reasons, some children may have received 2 doses of Measles, Mumps, Rubella

HEALTH ASSESSMENT

Physical Exam:

Height: _____ Percentile: _____

Weight: _____ Percentile: _____

Head Circumference: _____ Percentile: _____

Blood Pressure: _____

Check (✓) Each Line	Normal	Abnormal	Needs Follow-up	Not Examined	Check (✓) Each Line	Normal	Abnormal	Needs Follow-up	Not Examined
Skin/Scalp					Nose, Throat, Mouth				
Nutrition					Teeth & Gums				
Neurolog & Muscular					Glands incl. Thyroid				
Orthopedic & Spine					Chest, Breasts				
Eyes					Heart, Lungs				
Ears					Abdomen				
Speech					Genitalia				

Temperament: Easy-going Average Difficult

Comments:

Assessment of Physical Development:

A. Estimate of level of maturation:

- | | | | |
|------------------------------|--------------|------------|-------------|
| a. Infancy (0-2 years) | Early: _____ | Mid: _____ | Late: _____ |
| b. Mid-Preschool (2-4 years) | Early: _____ | Mid: _____ | Late: _____ |
| c. Preschool (4-6 years) | Early: _____ | Mid: _____ | Late: _____ |
| d. School-age (6-10 years) | Early: _____ | Mid: _____ | Late: _____ |
| e. Adolescent (11-18 years) | Early: _____ | Mid: _____ | Late: _____ |

B. Estimate of functional capacity:

	Delayed for Develop. Phase	Consistent with Develop. Phase	Advanced for Develop. Phase	Comments
Gross Motor:				
Fine Motor:				
Language Skills:				
Social Skills:				
Emotional:				

C. Impression of child's present state of health:

D. Recommendations regarding:

- a. Medical needs:
- b. Developmental needs:
- c. Family support:

Physicians Signature: _____ Date of Exam: _____

Date of Next Scheduled Exam: _____