

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

State Form 49969 (R4 / 2-15)

| Name of child (<i>last, first</i>) | | Date of birth (month, day, year) | Date of admission (month, day, year) |
|--|------|----------------------------------|--------------------------------------|
| Address (number and street, city, state, and ZIP code) | | | |
| Child lives with (<i>relationship</i>) | Name | | Telephone number () |

| | MEDICAL | HISTORY | |
|----------------------|----------------------------------|--------------------------|--------------------|
| Communicable Disease | Month / Year | Condition | Explain if present |
| | | Allergies: | |
| | | | |
| | | Handicapping conditions: | |
| Screenings | Result / Date (month, day, year) | | |
| TB Risk / Symptom | | Other: | |
| Developmental Screen | | | |
| Lead | | | |

| PHYSICAL E | EXAMINATION |
|--|--|
| Date of exam (month, day, year) | Age of child |
| | |
| Skin | Heart |
| Lymphnodes | Lungs |
| Eyes | Abdomen |
| Ears | Genitalia |
| Nasopharynx | Skeleton |
| Teeth and Mouth | Other: |
| Note any unusual findings: | |
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| Does this child have any health condition that would be hazardous either to the child or to othe | er 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: |
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| Have you prescribed any medications or special routines which should be included in the | center's plans for this child's activities? Explain: |
| \square Yes \square No | |
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| Image: Normal (Varivax) or Chicken Pox Disease 1 2 3 4 Pneumococcal (PCV) (Prevnar) | | | | HISTORY | OF IMMUNIZA | TIONS AND TI | EST (indicate |
|---|------------|------------------------|--------------------|--------------------|-------------|---------------|---------------|
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