

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

BUREAU OF CHILD CARE DIVISION OF FAMILY RESOURCES

State Form 49969 (R2 / 11-06) / BCC 0019

Name of child (last, first)		Date of birth (month, day, year)	, day, year) Date of admission (month, day, year)					
Address (number and street, city, state, and Z	(IP code)							
Child lives with (relationship) Name			Telephone number					
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	MEDICA	L HISTORY						
Communicable Disease	Month / Year	Condition	Explain if present					
Measles		Allergies:						
Rubella (German Measles)								
Chickenpox		Handicapping conditions:						
Mumps								
Scarlet Fever		Other:						
Whooping Cough		_						
Other:								
	PLIVEICAL	EVAMINATION.						
Date of exam (month, day, year)	PHYSICAL	Age of child						
Bate of exam (month, day, year)		7.90 0. 0						
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 t	o other children in a group setting as a re	esult of participation in normal activities (including					
sports)?	what modification of normal activities would	d be necessary to protect the child and t	he child's classmates:					
Have you prescribed any medications or spec	ial routines which should be included in the	e center's plans for this child's activities?	Explain:					
Yes No								

1 DTaP / DT 1 Hib 1 IPV (Polio) 1 Influenza (Flu)	2 2	3 3	4	5
1 Hib 1 IPV (Polio)				5
1 Hib 1 IPV (Polio)				5
Hib 1 IPV (Polio)				5
IPV (Polio)	2	3	4	5
IPV (Polio)	2	3	4	5
IPV (Polio)	2	3	4	5
1				
Influenza (Flu)	2	3	4	5
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1	2	\neg		
Measles Mumps Rubella (MMR)				
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1	2	3		
Rotavirus (RGE)				
1	2			
Varicella (Varivax)		or Chicker	n Pox Disease	Month / ye
(Varivax)				
1	2	3	4	
Pneumococcal (PCV) (Prevnar)				
(FCV) (Flevilal)				
1	2			
НЕРА				
1	2	3		
HBV (HEP B)				
* Recommended yearly.			I	
lame of physician / nurse practition	er completing form (p	lease print)		Tel
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