

UNIVERSAL CHILD HEALTH RECORD

Endorsed by:
American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) <u>Chowdhury</u>		(First) <u>Ramia</u>		Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth <u>10/26/2017</u>
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: <u>6/14/22</u>		Results of physical examination normal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: <u>Well Child.</u>		Weight (must be taken within 30 days for WIC)		<u>36.8 lbs</u>	
		Height (must be taken within 30 days for WIC)		<u>40 1/2 in</u>	
		Head Circumference (if < 2 Years)		<u>1</u>	
		Blood Pressure (if ≥ 3 Years)		<u>96/54</u>	
IMMUNIZATIONS		<input checked="" type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments <u>Dust, german cockroach allergenic extract</u>	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments <u>Multi Vitamins</u>	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct	<u>8/16/22</u>	<u>12.1/37.0</u>	Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision	<u>6/14/22</u>	<u>Pass</u>
TB (mm of Induration)			Dental		
Other:			Developmental	<u>6/14/22</u>	
Other:			Scoliosis		
Name of Health Care Provider (Print) <u>Mona Tantawi</u>			Health Care Provider Stamp: HACKENSACK PEDIATRICS MONA TANTAWI, MD., PC 177 SUMMIT AVE HACKENSACK, NJ 07601 (908) 487-8222		
Signature/Date <u>R. Tantawi M.D.</u> <u>2/15/23</u>					

Ramia M Chowdhury DOB 10/26/2017 HACKENSACK PEDIATRICS

Vaccine Administration Record for Children and Teens

Patient name: Ramia M. Chowdhury
Birthdate: 10/26/17
Chart number: 102216

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (month/year)	Source (F, S, P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ Initials of vaccinator
					Lot #	MR	Date on VIS ⁴	Date given ⁵	
Hepatitis B ⁶ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM		10-27-17 11-5-18 2-5-19							
Diphtheria, Tetanus, Pertussis ⁷ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM		10-26-17 2-22-18 6-1-18 2-5-19 6-14-22							
Neisseria meningitidis type B ⁸ (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM		12-26-17 2-22-18 6-1-18 2-5-19							
Polio ⁹ (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM Give all others IM		12-26-17 2-22-18 6-1-18 6-14-22							
Pneumococcal (e.g., PCV, conjugate PPV, polysaccharide) Give PCV IM Give PPV SC or IM		12-26-17 2-22-18 6-1-18 11-5-18							
Rotavirus (RV) Give oral (po)		1-15-18 2-22-18 6-1-18							
Mumps, Measles, Rubella ¹⁰ (e.g., MMR, MMRV) Give SC		2-5-19 6-14-22							
Varicella ¹¹ (e.g., Var, MMRV) Give SC		11-5-18 6-14-22							
Hepatitis A (HepA) Give IM		5-6-19 10-22-19							
Meningococcal (e.g., MCV4, MCV4 SC MCV4 IM and MCV4 SC)									
Human papillomavirus (e.g., HPV) Give IM									
Influenza ¹² (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM, Give LAIV IN		11-29-18 1-3-19 6-22-19							
Other									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV). Use the trade name.

2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private Insurance or other Private funds).

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IM (intramuscular), or po (per mouth).

4. Record the publication date of each VIS as well as the date it is given to the patient.

5. For combination vaccines, fill in a box for each separate antigen in the combination.

www.imz.org/vis/vis2012.pdf • Form #V2012 (1/08)

Form #V2012 (1/08) is the property of Immunization Action Coalition and is copyrighted by Immunization Action Coalition. All rights reserved.
Distributed by the Immunization Action Coalition • (651) 647-9009 • www.imz.org • www.vaccine-information.org

HACKENSACK PEDIATRICS
MONA TANTAWI, MD., PC
177 SUMMIT AVE
HACKENSACK, NJ 07601
(201) 487-8222