

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

FSSA - MS02 402 WEST WASHINGTON STREET, RM W361 INDIANAPOLIS, IN 46204

State Form 49969 (R4 / 2-15)

Address (number and street, city, state, and ZIP code)											
Mame Telephone number ()	Name of child (last, first)		Date of birth (month, day, year)	Date of admission (month, day, year)							
MEDICAL HISTORY Condition Explain if present	Address (number and street, city, state, and	I ZIP code)									
Communicable Disease Month / Year Allergies: Allergies: Handicapping conditions: Handicapp	Child lives with (relationship)	Name	Telephone number								
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Communicable Disease Month / Year Allergies: Allergies: Handicapping conditions: Handicapp		MEDICA	L HISTORY								
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Screenings Result / Date (month, day, year) Developmental Screen Lead PHYSICAL EXAMINATION Age of child											
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