



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

State Form 49969 (R4 / 2-15)

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

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

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

PHYSICAL EXAMINATION	
Date of exam ( <i>month, day, year</i> )	Age of child
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 to other children in a group setting as a result of participation in normal activities ( <i>including sports</i> )?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	
Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Over)

**HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)**

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* <b>Influenza (Flu)</b>					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

Varicella (Varivax)	1	2	or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

\* Recommended yearly.

Name of physician / nurse practitioner completing form (*please print*)

Telephone number

( )

Signature of physician / nurse practitioner

## ADDITIONAL NOTES AND INSTRUCTIONS

This image shows a blank sheet of white paper with six horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.