

Child Care Center Health Record-Physical Required

Must be updated annually if child is under two years of age

Child's Name (last, first) _____ Birthdate _____

Street Address _____ City _____ Zip _____

Child lives with _____ Name _____ Phone _____

Medical History

Communicable Disease	Month/Year	Condition	Explain if present
Measles		Allergies:	
Rubella (Ger. Measles)			
Chickenpox		Handicapping Conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other:			

Physical Examination

Date of Exam:	Age of Child:
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth & Mouth	Other

Note any unusual findings:

Does this child have any health condition that would be hazardous either to him/herself or to other children in a group setting as a result of participation in normal activities (including sports)?

No _____ Yes _____. If yes, what modification of normal activities would be necessary to protect the child and his/her classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? No _____ Yes _____. If yes, please describe: _____

History of Immunizations & Test (indicate month/day/year)

DTP/DT/Td	1	2	3	4	5
Polio	1	2	3	4	
Measles	1	2	Intradermal TB Test: _____ (result) _____ (date)		
Mumps	1	2			
Rubella	1	2			
Hepatitis B	1	2	3		
HbCV (HIB)	1	2	3	4	
PPV	1	2	3	4	
Varicella	1				

NOTE: To be considered adequately immunized and tested, a child of age twenty-four months or older should have received at least four DTP inoculations, three trivalent oral polio feedings, and inoculations against measles, rubella, and mumps and at least 3 Hib vaccinations.

Print Name of Physician Completing Form: _____ Tel. No. _____

Physician's Signature _____ Date _____

Additional Notes and Instructions
