



HEALTH CARE PROGRAM FOR CHILD CARE HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02
402 W. Washington St., Room W362
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: | ----- |
| Screenings | Result / Date (<i>month, day, year</i>) | Other: | ----- |
| TB Risk / Symptom | | | ----- |
| 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 (*including sports*)?

Yes 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:

Yes No
