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

State Form 45877 (R3 /1 0-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

Name ofc hild (*last, first*)	Date ofb irth	Admission date
Address (*number and street,c ity, state,Z IP code*)		
Child lives with (*relationship*)	Name	Telephone number

MEDICAL HISTORY

Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION

Date ofe xam	Age ofc hild
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 resulto fp articipation in normal activities (*including sports*)? ☐ Yes ☐ No If Yes,w hatm odification 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

(*Over*)

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

	1	2	3	4	5
DTP / DT / Td					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV					

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2
Varicella		

	1	2	3	4
Pneumococcal (PCV)				

	1	2	3
HBV			

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

Name of physician completing form (*please print*)	Telephone number

Signature ofp hysician

ADDITIONAL NOTES AND INSTRUCTIONS