

**CHILD HEALTH FORM
TO BE COMPLETED BY PARENT OR GUARDIAN:**

CHILD'S LAST NAME _____ FIRST NAME _____ M.I. _____ DOB: MO / DAY / YEAR

WE/I _____ GIVE PERMISSION TO OBTAIN/RELEASE MEDICAL INFORMATION ON THE ABOVE CHILD.
SIGNATURE OF PARENT/GUARDIAN

PLEASE RETURN TO: Apple Blossoms Child Center LLC
NAME OF CHILD CARE PROGRAM

**HISTORY: TO BE COMPLETED BY PHYSICIAN
(THIS INFORMATION WILL BE HELD CONFIDENTIAL AND WILL BE USED ONLY FOR THE BENEFIT OF THIS CHILD).**

A. PRENATAL, PERINATAL AND POSTNATAL DEVELOPMENT: ANY SIGNIFICANT FINDINGS THAT COULD INFLUENCE THIS CHILD'S ADAPTATIONS TO A CHILD CARE SETTING (I.E., PHYSICAL HANDICAP, SENSORY LOSS, DEVELOPMENTAL IRREGULARITIES)?

B. ANY CHRONIC ILLNESS THAT MAY REQUIRE MEDICATION, PARTICULARLY OBSERVATIONS OR PRECAUTIONS IN A CHILD CARE SETTING (E.G., RECURRENT EAR INFECTIONS, SEIZURE DISORDER, ALLERGIES)?

C. ANY HOSPITALIZATIONS, OPERATIONS, OR SPECIAL TESTS OF WHICH A CHILD CARE PROVIDER SHOULD BE AWARE?

D. PERTINENT FAMILY, SOCIAL OR HEALTH CHARACTERISTICS?

**IMMUNIZATIONS FOR CHILD CARE AGENCY ATTENDANCE
PARENT MAY SUBSTITUTE A COPY OF CHILD'S IMMUNIZATION RECORD**

| VACCINE | DATE | DATE | DATE | DATE | DATE | DATE |
|------------|------|------|------|------|------|------|
| DTP/DTAP | | | | | | |
| HIB | | | | | | |
| DTP-HIB | | | | | | |
| TD | | | | | | |
| OPV OR IPV | | | | | | |
| MMR | | | | | | |
| HEP-B | | | | | | |
| VARICELLA | | | | | | |
| OTHER | | | | | | |

COMMUNICABLE DISEASE HISTORY

RECOMMENDED SCREENING & TESTING OF ATTENDEES

| DISEASE | DATE OF DIAGNOSIS | LABORATORY CONFIRMATION | PHYSICIAN | | DATE | METHOD | RESULT: |
|------------|-------------------|-------------------------|-----------|----------------------------------|------|----------------|---------|
| CHICKENPOX | | NOT APPLICABLE | | TB (FOR HIGH RISK CHILDREN ONLY) | | | |
| OTHER: | | | | VISION | | | |
| | | | | HEARING | | | |
| | | | | SPEECH | | | |
| | | | | HIB/HCT | | NOT APPLICABLE | |
| | | | | URINE | | NOT APPLICABLE | |
| | | | | LEAD | | NOT APPLICABLE | |