CHILD HEALTH FORM TO BE COMPLETED BY PARENT OR GUARDIAN:

CHILD'S LAST NAME	FIRST NAME	M.1	DOB: MO DAY YEAR	R						
	CHILD'S ADDRESS									
WE/I			E MEDICAL INFORMATION							
SIGNATURE OF PARENT/GUARDIAN	ON THE ABO	ON THE ABOVE CHILD.								
PLEASE RETURN TO: NAME OF CHILD CA	e Blossom Chill Cent	ser LLC	•							
HISTORY: TO BE COMPLETED BY PHYS (THIS INFORMATION WILL BE HELD CO	SICIAN INFIDENTIAL AND WILL BE USED ONLY FO	OR THE BENEFIT	r of this child).							
A PRENATAL, PERINATAL AND POST THIS CHILD'S ADAPTATIONS TO A CH IRREGULARITIES)?	TNATAL DEVELOPMENT: ANY SIGNIFICA IILD CARE SETTING (I.E., PHYSICAL HANI	ant findings Dicap, sensor	THAT COULD INFLUENCE YY LOSS, DEVELOPMENTA	L						
	REQUIRE MEDICATION, PARTICULARLY NT EAR INFECTIONS, SEIZURE DISORDER			55						
C. ANY HOSPITALIZATIONS, OPERATI	IONS, OR SPECIAL TESTS OF WHICH A C	HILD CARE PRO	OVIDER SHOULD BE AWAR	RE?						
D. PERTINENT FAMILY, SOCIAL OR HI	EALTH CHARACTERISTICS?									
IMMUNIZATIONS FOR CHILD CARE AGENCY ATTENDANCE PARENT MAY SUBSTITUTE A COPY OF CHILD'S IMMUNIZATION RECORD										
VACCINE DATE	DATE DATE D	DATE	DATE DATE							

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE
DTP/DTAP						
HIB						
DTP-HIB						
TD						
OPV OR IPV						
MMR						
HEP-B						
VARICELLA		grames victorionisticorio, economistros a a				
OTHER						

COMMUNICABLE DISEASE HISTORY RECOMMENDED SCREENING & TESTING OF ATTENDEES

COMMUNICADED DISEASE INSTITUT			RECOMMENDED SCREENING & TESTING OF ATTEMPLES					
DISEASE	DATE OF DIAGNOSIS	LABORATORY CONFIRMATION	PHYSICIAN		DATE	метнор	RESULT:	
CHICKENPOX		NOT APPLICABLE		TB (FOR HIGH RISK CHILDREN ONLY)				
OTHER:				VISION				
				HEARING				
				SPEECH			and the state of t	
		·		нів/нст		NOT APPLICABLE	• 6	
				URINE		NOT APPLICABLE	A CONTRACTOR OF THE CONTRACTOR	
				LEAD		NOT APPLICABLE		

HEALTH ASSESSMENT: (TO BE COMPLETED BY LICENSED HEALTH PRACTITIONER)

PHYSICAL EXAM:

		WEIGHT LB/KG %ILE		HEAD CIRCUMFERENCE IN/CM %ILE		BLOOD PRESSUR			SURE	
CHECK (') EACH LINE	NORMAL	ABNORMAL	NEEDS FOLLOW-UP	NOT EXAMINED	CHECK () EACH LINE	NORMAL	ABI	NORMAL	NEEDS -	EXAMINED
SKIN/SCALP	MORNAL	ABIVORIIAC	JOHOVA	CARONINED	NOSE, THROAT,	11000	- 1,0,		1022041 01	
					MOUTH					
NUTRITION					TEETH & GUMS					<u> </u>
NEUROLOGY &					GLANDS INC. THYROID					
MUSCULAR ORTHOPEDIC &	ļ		 		CHEST,		-			
SPINE				2	BREASTS					
EYE					HEART, LUNGS					
EARS					ABDOMEN					
SPEECH	'				GENITALIA					<u> </u>
								B. H.		
TEMPERAMENT:	-	EASY-GO	DING		AVERAGE		167	DIF	FICULT	
COMMENTS:					•					
			*8		. · · · · · · · · · · · · · · · · · · ·					
ASSESSMENT OF A. ESTIMATE OF A. INFANCY (B. MID-PRESC C. PRESCHOOL D. SCHOOL-A E. ADOLESCE COMMENTS B. ESTIMATE OF	OF MATUR S) 4 YEARS) RS) YEARS) YEARS)	ATION: EARLY: EARLY: EARLY: EARLY: EARLY: EARLY: ACITY:		MID; MID: MID: MID: MID:			LATE: LATE: LATE: LATE: LATE:			
e Sail Francisco	DELAY	ED FOR	CONSISTENT WI	TH 🤘 🤝 AD	VANCED FOR	M. A. C. H. L. J. C.	al p		HE WATER	
GROSS MOTOR:	DEVELOPM	ENT PHASE	DEVELOPMENT PI	HASE DEVEL	OPMENT PHASE COM	AWIEN 15:				
FINE MOTOR:										
LANGUAGE SKILLS:										
SOCIAL SKILLS:										
EMOTIONAL:									***	
PHYSICIAN'S SIGNA' PHYSICIAN'S NAME		D DDINITED					TE		ITE OF EXAN	1:
DATE OF NEXT SCHI							1 44		···· +4 ~ +4	