CHILD HEALTH ASSESSMENT

		OIIIL	D HEALIH	AUUL	-001111			
CHILD'S NAME: (LAST)		(FIRST)		PARENT/G	UARDIAN:			
DATE OF BIRTH:	HOME PHONE:)ME PHONE:		ADDRESS:				
CHILD CARE FACILITY NAME:				1				
FACILITY PHONE: COUNTY:				WORK PHONE:				
current schedule c	of the American A	cademy of Pedia	atrics 141 Northwes	st Point Blvo	d., Elk Gro	ve Village, IL 600	and immunizations that meet the 1007. The schedule is available at a schedule on the back of the form	
Health history and medical information pertinent to routine child care and emergencies (describe, if any):					Date of most recent well-child exam:			
NONE					ļ			
Allergies to food or I	medicine (describe	e, if any):			health pr	mit any informatio rofessional. (Initia eeds 2 copies.	n. This form may be updated by all and date new data.) Child care	
LENGTH/H	HEIGHT	WEIGHT		HEAD CIRCUMFERENCE BLOOD PRESSURE				
IN/CM %ILE		LB/KG %ILE		IN/CM %ILE			(BEGINNING AT AGE 3)	
PHYSICAL EXAMINATION		✓ =NORMAL		IF ABNORMAL - COMMEN			<u> </u>	
HEAD/EARS/EYES/N		MORWAL			IF ADIN	OKIVIAL - COMINI	ENIS	
TEETH	VOOL/TTINOAT							
CARDIORESPIRATO)RY	+						
ABDOMEN/GI	/111							
GENITALIA/BREAST	· C							
EXTREMITIES/JOIN								
SKIN/LYMPH NODES								
NEUROLOGIC & DE	VELOPMENTAL							
IMMUNIZATIONS	DATE	DATE	DATE	DAT	ΓE	DATE	COMMENTS	
DTaP/DTP/Td								
POLIO								
HIB				+				
				-				
HEP B								
MMR								
VARICELLA								
MENINGOCOCCAL								
PNEUMOCOCCAL								
INFLUENZA								
HEP A								
ROTAVIRUS		1		1				
OTHER						Į.		
SCREENING	TESTS	DATE TEST DO	NE I	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL				
LEAD		1						
ANEMIA (HGB/HCT)		<u> </u>						
URINALYSIS (UA) at	age 5)							
HEARING (subjective	<u> </u>	1						
VISION (subjective u								
PROFESSIONAL DE		<u> </u>						
		EEDS, RECOM	IMENDED TREATM	IENT/MEDI	CATIONS/S	SPECIAL CARE	(ATTACH ADDITIONAL SHEETS IF NECESSARY)	
□ NONE				NEXT AP	POINTME	NT - MONTH/YE	EAR:	
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN OR CRNP:				
ADDRESS:								
		PH	PHONE:		JMBER:		DATE FORM SIGNED:	