HEALTH RECORD
State Form 23923 (R3/7-03)

Child's Name _____ **Birth Date** ____/____/____
(Last) **(First)** **Admission Date** ____/____/____

Street Address _____ **City** _____ **Zip** _____

Child lives with _____ **Name** _____ **Phone** _____

MEDICAL HISTORY

Communicable Diseases	Month/Year	Condition (Explain if present)
Measles ____/____ **Rubella (German Measles)** ____/____ **Chickenpox (Varicella)** ____/____ **Mumps** ____/____ **Scarlet Fever** ____/____ **Whooping Cough** ____/____ **Hepatitis B** ____/____ **Other:** _____ ____/____		Allergies: _____ _____ _____ Physical Limitations: _____ _____ Other:_____

PHYSICAL EXAMINATION

Date of Exam _____ Age of Child _____

Skin _____	**Heart** _____
Lymph Nodes _____	**Lungs** _____
Eyes_____	**Abdomen** _____
Ears _____	**Genitalia** _____
Nasopharynx _____	**Skeleton** _____
Teeth & Mouth _____	**Other** _____

Note any unusual findings: _____
_____
_____

Does this child have any health condition that would be hazardous to him/herself or the other children in a group setting as a result of participation in normal activities (including sports)? **No** _____ **Yes** _____.
If "Yes," what modification of normal activities would be necessary to protect the child and his/her classmates? _____
_____
_____
_____

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? **No** _____ **Yes** _____ Explain: _____
_____
_____

(Over)

HISTORY OF IMMUNIZATIONS (Indicate month/day/year)

	1	2	3	4	5
DTaP/DT/Td/TD					

	1	2	3	4
OPV, IPV				

	1	2	3	4
Hib				

	1	2	3
Hepatitis B			

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2
Varicella		

	1	2	3	4
PCV7				

Name of Physician Completing Form: _____ Phone Number: _____
(Please Print)

Physician's Signature: _____

ADDITIONAL NOTES AND INSTRUCTIONS

_____

_____

_____

_____

_____