

EARLY CHILDHOOD DEVELOPMENT CENTER PRESCHOOL / KINDERGARTEN / CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R3 / 11-11)

***All child physicals must be submitted to the office no later than 30 days after their first day of enrollment.**

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, ZIP code</i>)		
Child lives with (<i>relationship</i>)	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 of exam (<i>month, day, year</i>)	Age of child
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 the other children in a group setting as a result of participation in normal activities (including sports)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what modification of normal activities would be necessary to protect the child and the child's classmates:	
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.....	
.....	
Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
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