

CHILD HEALTH ASSESSMENT

Child's Name (Last)	(First)	Parent/Gaurdian
Date of Birth	Home Phone	Address
Child Care Facility Name		
Child Care Facility Phone	County	Work Phone

I give my consent for my child's Physician and Care Provider to discuss my child's health concerns

Signature

Date

DATE OF EXAM _____

Heath history and medical information pertinent to routine child care and emergencies: None

Allergies to food or medicine: None

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
_____ IN/CM _____ % ILE	_____ LBS _____ % ILE	_____ IN/CM _____ % ILE	_____ / _____
PHYSICAL EXAM	NORMAL	ABNORMAL/COMMENTS	
Head/Ears/Eyes/ Nose/Throat			
Teeth			
Cardiorespiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/ Joints/Back/Chest			
Skin/Lymph Nodes			
Developmental (E.G. DDST)			

IMMUNIZATIONS	DATE 1	DATE 2	DATE 3	DATE 4	DATE 5	COMMENTS
Hepatitis B						
Diphtheria, Tetanus, Pertussis						
H. influenzae type b						
Inactivated Polio						
Pneumococcal Conjugate						
Measles, Mumps, Rubella						
Varicella						
Hepatitis A						
Other			Note: Ages and number of boosters may vary when immunization starts at older ages			
SCREENING TESTS	NORMAL		ABNORMAL/COMMENTS			
LEAD						
ANEMIA						
URINANALYSIS						
HEARING						
VISION						
DATE OF LAST DENTIST'S EXAMINATION	Note: Age appropriate health services and immunizations must follow a schedule recommended by the American Academy of Pediatrics, 141 Northwest Point Blvd. Elk Grove Village, IL 60007					
HEALTH PROBLEMS OR SPECIAL NEEDS	RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE <i>(Attach additional sheets if necessary)</i>					
Medical Care Provider				Next Appointment (Month/Year)		
Address				Signature		
Phone				Date		
PRIVACY ACT STATEMENT						
<p>Purpose: Data is collected to effectively manage and operate a day care facility. Information relating to religious activity is collected and maintained only for cultural and social enrichment activities.</p> <p>Authority: Authority for maintenance of the system: 5 U.S.C. 301, Agency powers, departmental regulations; 5 U.S.C. 302, Agency powers, delegation of authority; 10 U.S.C. 133, Organization and powers, Under Secretary of Defense for Acquisition and Technology; 10 U.S.C. 2809 and 2812, Military construction of the child care facilities; 42 U.S.C. Chap. 127, Coordinated services for children, youth, and families; 40 U.S.C. 490B, E.O. 9397, SSN; and DoD Instruction 6060.2, Child Development Programs.</p> <p>Routine Uses: These records may be disclosed outside DoD to physicians, dentists, medical technicians, hospitals, or health care providers in the course of obtaining emergency medical attention; and to Federal, State, and local officials involved with child care or health services, including child abuse. In addition, the data may be disclosed for any of the "Blanket Routine Uses" published by DLA. A list will be provided upon request.</p> <p>DISCLOSURE IS VOLUNTARY. Providing the data is voluntary. However, failure to provide answers to all or part of the questions may result in refusal of day care services. DLA PRIVACY ACT SYSTEM NOTICE 400.20 (Day Care Facility Registrant and Application Records) applies.</p>						