



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R2 / 11-06) / BCC 0019

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

Name of child (last, first)
Date of birth (month, day, year)
Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)
Child lives with (relationship)
Name
Telephone number

MEDICAL HISTORY table with columns: Communicable Disease, Month / Year, Condition, Explain if present. Rows include Measles, Rubella, Chickenpox, Mumps, Scarlet Fever, Whooping Cough, and Other.

PHYSICAL EXAMINATION table with columns: Date of exam (month, day, year), Age of child, and various body parts (Skin, Heart, Lymphnodes, Lungs, Eyes, Abdomen, Ears, Genitalia, Nasopharynx, Skeleton, Teeth and Mouth, Other).

Note any unusual findings: (Large dashed-line area for text)

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?

If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates: (Large dashed-line area for text)

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

(Large dashed-line area for text)

