



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

State Form 49969 (R4 / 2-15)

FSSA - MS02  
402 WEST WASHINGTON STREET, RM W361  
INDIANAPOLIS, IN 46204

|   |   |   |
|---|---|---|
| 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, and ZIP code</i> ) |   |   |
| Child lives with ( <i>relationship</i> )                        | Name                                      | Telephone number<br>(      )                  |

| MEDICAL HISTORY      |  |                          |                    |
|----------------------|--|--------------------------|--------------------|
| Communicable Disease | Month / Year                                   | Condition                | Explain if present |
|                      |  | Allergies:               | -----              |
|                      |  |                          | -----              |
|                      |  | Handicapping conditions: | -----              |
| <b>Screenings</b>    | <b>Result / Date (<i>month, day, year</i>)</b> |                          |                    |
| TB Risk / Symptom    |  | Other:                   | -----              |
| Developmental Screen |  |                          | -----              |
| Lead                 |  |                          | -----              |

| 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:

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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*)?

Yes  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? Explain:

Yes  No

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