## Children's Medical Report

				Birthdate	
Address of Parent of					
A. Medical History (	May be completed	d by parent)	-	· · · · · · · · · · · · · · · · · · ·	
1. Is child allergic to a	anything? No	Yes If yes	, what?		
2. Is child currently un	nder a doctor's car	e? NoYes	If yes, for w		
3. Is the child on any o	continuous medic	ation? No	Yes If yes, w		
4. Any previous hospi	italizations or ope	rations? No	Yes If yes, w	when and for what?_	· · · · · · · · · · · · · · · · · · ·
<ol> <li>Any history of sign convulsions No If others, what/whe</li> </ol>	_Yes; heart ti	rouble No	(es; asthma N		es NoYes;
6. Does the child have	e any physical disa	abilities: No	YesIf yes,	please describe:	
states), a certifie	approved by the N ed nurse practition	. C. Board of N er, or a public l	Iedical Examiner	s (or a comparable b	physician, his authoriz oard from bordering for EPSDT program.
agent currently a states), a certifie Height	approved by the N ed nurse practition % Weight	. C. Board of M er, or a public h %	Iedical Examiner health nurse meeti	s (or a comparable b ing DHHS standards	oard from bordering for EPSDT program.
agent currently a states), a certifie Height Head	approved by the N cd nurse practition % Weight _ Eyes	. C. Board of M er, or a public I % Ears	Medical Examiners nealth nurse meeti	s (or a comparable b ing DHHS standards Teeth	oard from bordering for EPSDT program.
agent currently a states), a certified Height Head NeckHe Neurological System	approved by the N ad nurse practition % Weight _ Eyes eartChes m	. C. Board of N er, or a public l % EarsAbd	Aedical Examiner nealth nurse meeti Nose /GU Skin	s (or a comparable b ing DHHS standards Teeth Ext Vision	oard from bordering for EPSDT program. Throat Hearing
agent currently a states), a certifie Height Head Neck He Neurological Syster	approved by the N ad nurse practition % Weight _ Eyes eartChes m	. C. Board of N er, or a public l % EarsAbd	Aedical Examiner nealth nurse meeti Nose /GU Skin	s (or a comparable b ing DHHS standards Teeth Ext	oard from bordering for EPSDT program. Throat Hearing
agent currently a states), a certifier Height Head NeckHe Neurological Syster Results of Tubercul Developmental Eva	approved by the N ad nurse practition % Weight Eyes eartChes m lin Test, if given: Ty aluation: delayed	C. Board of M er, or a public h <u>Ears</u> t Abd ypeage appr	Aedical Examiners nealth nurse meeti Nose /GU SkinNo ppriateNo	s (or a comparable b ing DHHS standards Teeth Ext Vision	oard from bordering for EPSDT program. Throat Hearing followup
agent currently a states), a certified Height Head Neck He Neurological Syster Results of Tubercul Developmental Eva If delay, note signif  Should activities be	approved by the N ad nurse practition% WeightEyes eartChes m lin Test, if given: Ty aluation: delayed ficance and special c e limited? No Y	C. Board of M er, or a public l % EarsAbd Abd Abd age appr care needed; esIf yes, ex	Aedical Examiner nealth nurse meeti Nose /GU Skin lateNo opriate plain:	s (or a comparable b ing DHHS standards Teeth Ext Vision ormalAbnormal	oard from bordering for EPSDT program. Throat Hearing followup
agent currently a states), a certified Height Head Neck He Neurological Syster Results of Tubercul Developmental Eva If delay, note signif  Should activities be	approved by the N ed nurse practitione% Weight Eyes eartChes mChes m	C. Board of M er, or a public l % EarsAbd Abd Abd age appr care needed; esIf yes, ex	Aedical Examiner nealth nurse meeti Nose /GU Skin lateNo opriate plain:	s (or a comparable b ing DHHS standards Teeth Ext Vision ormalAbnormal	oard from bordering for EPSDT program. Throat Hearing followup

DCD Child Care Handbook Chapter 6 Resource 2