



**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			
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 (month, day, year)	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)? <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? Explain:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
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**HISTORY OF IMMUNIZATIONS AND TEST** (indicate month / day / year)

	1	2	3	4	5
<b>DTaP / DT</b>					

	1	2	3	4
<b>Hib</b>				

	1	2	3	4	5
<b>IPV (Polio)</b>					

	1	2	3	4	5
* <b>influenza (Flu)</b>					

	1	2
<b>Measles Mumps Rubella (MMR)</b>		

	1	2	3
<b>Rotavirus (RGE)</b>			

	1	2	
<b>Varicella (Varivax)</b>			

**or Chicken Pox Disease**

Month / year
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	1	2	3	4
<b>Pneumococcal (PCV) (Prevnar)</b>				

	1	2
<b>HEPA</b>		

	1	2	3
<b>HBV (HEP B)</b>			

\* Recommended yearly.

Name of physician / nurse practitioner completing form (please print)	Telephone number (     )
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Signature of physician / nurse practitioner

**ADDITIONAL NOTES AND INSTRUCTIONS**

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