2880 Pottsville-Minersville Highway Suite 210 Minersville, PA 17954 570-544-8959 • 800-433-3370 FAX: 570-544-6915

REVISED 2019-01-07

CHILD HEALTH REPORT

(55 PA CODE § §3270.131, 3280.131 AND 3290.131)

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Parent may write immunization dates; health professional should verify and complete all data.

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□ I authorize Child Development Inc.'s Health/Development Manager to communicate directly, if needed, to clarify information on this form about my child. PARENT SIGNATURE:							WORK PHONE:					
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form. Health history and medical information pertinent to routine child care and diagnosis/treatment in emergency (describe, if any): None Describe all medication and any special diet the child receives and the reason for medication and special diet. All medications a child receives should be documented in the event the child requires emergency medical care. Attach additional sheets if necessary. None Child's allergies (describe if any): None Child's allergies (describe if any): None List any health problems or special needs and recommended treatment/services. Attach additional sheets if necessary to describe the plan for care that should be followed for the child, including indication of special training required by staff, equipment and provision for emergencies. None In your assessment, is the child able to participate in preschool and does the child appear to be free from contagious or communicable diseases? YES NO If NO, please explain your answer: Has the child received all age appropriate screenings listed in the routine preventive health care services currently recommended by the American Academy of Pediatrics? (See schedule at www.asp.org) RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD IMMUNIZATION DATE DATE DATE DATE DATE DATE PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD IMMUNIZATION DATE DATE DATE DATE DATE DATE PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD IMMUNIZATION DATE DATE DATE DATE DATE DATE HEP-B PREUMOCOCCAL POLIO RESULTS RECORD DATES OF IMMUNIZATION BELOW OR ATTACH A PLEASE Complete POLIO RESULTS R		nont las /s	1114-10	SCH	UYLKILL							
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