

Child's Name: _____ Date of Birth: _____ ImmTrac #: _____

Please provide an up to date copy of the child's health records documenting the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice.

Physical Examination	DATE Normal ✓	DATE Normal ✓	DATE Normal ✓	DATE Normal ✓	DATE Normal ✓	If Abnormal- Comments
Head/ Ears/ Eyes/ Nose/ Throat						
Teeth						
Cardio respiratory						
Genitalia/Breasts						
Extremities/ Joints/ Back/ Chest						
Skin/ Lymph Nodes						
Neurologic & Developmental						

List any screening tests administered with an indication of normal or abnormal results and any follow-up required for abnormal results.

None (If checked, please initial _____) Date _____

List any special problems that the child may have, such as existing/previous illness or injuries, any medications prescribed for long term use, and any medical information pertinent to routine child care and routine emergencies:

None (If checked, please initial _____) Date _____

Allergies to medicines (describe, if any):

None (If checked, please initial _____) Date _____

I have examined _____ and found that he/she is physically able to participate in a daycare program.

Physician's Name (print) _____

Physician's Signature _____

Phone Number _____

Date _____

I authorize the Health Care Clinician to share my child's information (health examinations, immunizations, etc.) with CLC.

Parent Signature: _____ Date: _____