



**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 (      )

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
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		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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**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>			<b>or Chicken Pox Disease</b>	Month / year

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

	1	2
<b>HEP A</b>		

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

\* Recommended yearly.

Name of physician / nurse practitioner completing form (*please print*)

Telephone number

(       )

Signature of physician / nurse practitioner

**ADDITIONAL NOTES AND INSTRUCTIONS**

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