HEALTH CARE SUMMARY (To be completed by health care provider)

PROGRAM ENROLLMENT DATE

CHILD CARE PROGRAM

CHILD'S NAME						HEIGHT (PERCE			
ADDRESS				ļ		PHONE NUMBER			
		PHY	SICAL FINDIN	GS (N=NORMA	L; A=ABNC	DRMAL)			
AREA	N / AB	COMMENT	S	AR	EA	N / AB		COMMENTS	
1. Head				11. Cardiovas	scular				
2. Face				12. Abdomen	1				
3. Neck				13. Genitals					
1. Eyes				14. Extremitie	es				
5. Ears				15. Joints					
6. Nose				16. Muscle To	one				
7. Mouth				17. Skin					
3. Throat				18. Neurologi	ical				
9. Chest				19. VISION					
10. Spine				20. HEARING					
				LAB FINDINGS					
HEMOGLOBIN/HE	EMATOCRIT URIN	NALYSIS	SICKLE CELL		BLOOD LEAD		MANTOUX	OTHER	
Recommer		may result in an er	□ NO mergency?	□ YES	□ YES	Specify:			
Recommers there a c	ndations:				□ YES	Specify:			
Recommer	ndations:	may result in an er	mergency?				L CARE NEED	DED IN CHILD CARE PROGRAM	
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