Infant, Toddler, Preschool Age – Child Health Form

HEALTH PROFESSIONAL COMPLETE THIS PAGE	Allergies
Child's Name:	Environmental:
Birthdate: Age today:	Medication:
Date of Exam:	Food:
Height/Length: Weight:	Insects: Other:
	Other.
BMI– starting at age 24 mo	Immunization: Please attach:
Head Circumference- age 2 yr. and under:	Iowa Department of Public Health Certificate of Immunization
Blood Pressure-start @ age 3 yr:	Iowa Department of Public Health
Hgb or Hct- @ 12 mo:	Certificate of Immunization Exemption Medical I lowa Department of Public Health
Lead Risk Assessment:	Certificate of Immunization Exemption Religious.
Blood Lead Level: date results	TB testing completed (only for high-risk child)
Sensory Screening:	Medication: Health professional authorizes the child may receive the following medications while at the child care facility: (include <u>over-the-counter</u> and <u>prescribed</u>)
Vison Assessment:	
Vision Acuity: Right eye Left eye	Mediaetian Name
Hearing Assessment: Right ear Left ear	Medication Name Dosage Diaper crème:
Tympanometry (may attach results)	
Developmental Screening/Surveillance: (n = normal limits) otherwise describe	
Developmental screening results:	Other Medication should be listed with written instructions for use in child care. Medication forms available at <u>www.idph.iowa.gov/hcci/products</u>
Autism screening results:	
Psychosocial/behavioral results	Referrals made:
Developmental Referral Made Today: Yes No	Referred to hawk-i today 1-800-257-8563
Exam Results: (<i>n</i> = normal limits) otherwise describe	Other:
HEENT	Health Provider Assessment Statement:
Oral/Teeth	_
Date of Dental exam	The child may participate in developmentally appropriate early care/learning with NO health-related restrictions.
Oral Health/Dental Referral Made Today: Yes No	
Heart	The child may participate in developmentally appropriate early care/learning with restrictions (see comments).
Lungs	
Stomach/Abdomen	
Genitalia	The child has a special needs care plan Type of plan
Extremities, Joints, Muscles, Spine	
Skin, Lymph Nodes	
Neurological	May use stamp
Health Care Provider comments:	Signature Circle the Provider Credential Type: MD DO PA ARNP Address: Telephone:

¹ Iowa Child Care Regulations require an admission physical exam report within the previous year and annually. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (Bright Futures 2015) <u>https://www.aap.org/en-us/Documents/periodicity_schedule.pdf</u>