

Worksheet 3: Child Health Report

Facility:	PCID:	Cert Rep:	Inspection Date:
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Key: C = Compliant N = Non-compliant, add notes if applicable N/A = Not Applicable EX = Exemption on file

Items	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8	Child 9	Child 10
Child's Initials										
Health history										
Medications and Special Diet										
Allergies										
Health Problems										
Is child able to participate in Child Care/Free from Communicable Illness										
Dev Screenings										
Vision (subjective until age 3)										
Hearing (subjective until age 4)										
Lead Screening										
Hepatitis B										
Rotavirus										
DTAP/DTP/TD										
HIB										
Pneumococcal										
Polio										
Influenza										
MMR										
Varicella										
Hepatitis A										
Meningococcal										
Other										
Date of physician/CRNP Signature (if applicable)										
Letter of Exemption on File (Y or N If yes, add date)										
§3270.131. Child Health Assessment [§3270.182.1 Content of Records]										
.131(a) Initial health assessment										
.131(b) Updated health assessment										
.131(c) Signature										
.131(d) Child health report and immunizations (1-8)										

131.(d)(5) Note: Yes, indicates that the child meets the required immunization schedule according to the recommendations of the Advisory Committee on Immunization (ACIP).