

**Worksheet 3: Child Health Report**

<b>Facility:</b>	<b>PCID:</b>	<b>Cert Rep:</b>	<b>Inspection Date:</b>
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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'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)					
<b>§3270.131. Child Health Assessment</b>					
<b>[§3270.182.1 Content of Records]</b>					
.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).

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**Key:** C = Compliant N = Non-compliant, add notes if applicable N/A = Not Applicable EX = Exemption on file

Items	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)					
<b>§3270.131. Child Health Assessment [§3270.182.1 Content of Records]</b>					
.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).