

Child Health Assessment Form

Parent/legal guardian and educators fill in this part.

CHILD'S NAME (LAST)	(FIRST)	PARENT'S/LEGAL GUARDIAN'S NAME (Last, First)
DATE OF BIRTH	HOME PHONE	ADDRESS
EARLY CHILDHOOD EDUCATION PROGRAM NAME		WORK PHONE/MOBILE PHONE
FACILITY PHONE	COUNTY	EMAIL ADDRESS

To parents/legal guardians: Be sure to sign a consent form for your child's educators and one for your child's health professional to share information about your child's health with one another.

This facility requires that children who are enrolled in a group care setting have received age-appropriate preventive health services, including screenings and immunizations that meet the current recommendations of the American Academy of Pediatrics. This schedule of required health services is available at www.aap.org/periodicityschedule.

<p>PERTINENT INFORMATION IN HEALTH HISTORY, MEDICAL CONCERNS, RESULTS OF SCREENINGS, FAMILY STRESS^a</p> <p>INFORMATION PERTINENT TO ROUTINE CHILD CARE AND EMERGENCIES (DESCRIBE, IF ANY)—ATTACH ADDITIONAL SHEETS TO PROVIDE HELPFUL DETAILS.</p> <p><input type="checkbox"/> NONE</p>	<p>DATE OF MOST RECENT WELL-CHILD EXAMINATION</p> <p>This form may be updated (instead of completing a new form) at each checkup by the child's health professional. Updates may be dated, initialed notes or an attached printout of an electronic medical record note.</p>
<p>ALLERGIES TO FOOD OR MEDICINE (DESCRIBE, IF ANY)</p> <p><input type="checkbox"/> NONE</p>	

^a Name of screening tools if any were used, date, and results of developmental/behavioral screening used by the early childhood education program and pediatric health professional (if any):

Parents/legal guardians may write immunization dates; pediatric health professionals should verify and complete all data on this form or via a printout of an electronic medical record-generated form.

LENGTH/HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
____ (circle one: cm inch), % ____	____ (circle one: kg pound), % ____	____, % ____	(Beginning at age 3)
PHYSICAL EXAMINATION	✓ if NORMAL	COMMENTS	
HEAD/EARS/EYES/NOSE/THROAT			
TEETH			
CARDIORESPIRATORY			
ABDOMEN/GI			
GENITALIA/BREASTS			
EXTREMITIES/JOINT/BACK/CHEST			
SKIN/LYMPH NODES			
NEUROLOGIC, DEVELOPMENT, & BEHAVIOR			

Child Health Assessment Form (continued)

VACCINES ^a	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP B						
ROTAVIRUS						
DTaP						
HIB						
PCV13						
IPV						
INFLUENZA						
MMR						
VARICELLA						
HEPATITIS A						
MENINGOCOCCAL						
Tdap						
HPV						
PNEUMOCOCCAL POLYSACCHARIDE PPSV ₂₃						
COVID-19						
SCREENINGS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING, NORMAL, OR ABNORMAL				
LEAD						
ANEMIA (HGB/HCT)						
BEHAVIOR/DEVELOPMENT						
HEALTHY WEIGHT PER BMI						
HEARING						
VISION						
PROFESSIONAL DENTAL EXAMINATION		NAME OF CHILD'S DENTIST				
HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (ATTACH ADDITIONAL SHEETS TO PROVIDE HELPFUL DETAILS)						
<input type="checkbox"/> NONE			NEXT APPOINTMENT—MONTH/YEAR:			
PRINT HEALTH PROFESSIONAL NAME (PEDIATRICIAN, FAMILY PRACTICE PHYSICIAN, PEDIATRIC/FAMILY PRACTICE NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT)			SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT			
ADDRESS						
PHONE			LICENSE NUMBER		DATE COMPLETED OR UPDATED	

^a Vaccine list from "Table 1. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022" (<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>).

For information updated every January/February about recommended vaccines by age and condition, see <https://www.cdc.gov/vaccines/schedules>.

Other useful forms for collecting health information that early childhood education programs should review and retain are on the website of WellCareTracker, an online system maintained by the Pennsylvania Chapter of the American Academy of Pediatrics for educators to document and track routine preventive health care services for enrolled children. To access WellCareTracker and the forms in the following 3 bullets, go to <https://www.wellcaretracker.org>:

- Letter to doctors requesting health record information
- Letter to parents about providing up-to-date health record information
- Letter to parents describing preventive health services

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