

CHILD HEALTH REPORT IN-HOME, FAMILY DAY CARE, DAY CARE CENTER

Use of form: Completion of this form is mandatory under the provisions of HFS 46.07(6)(k) and 45.06(6)(g). The form also meets the requirements of DWD 55.08(4). Personally identifiable information is collected for identification purposes only.

Instructions: Children under twenty-four months of age shall be given a physical exam every six months after admission to day care. Children over twenty-four months in licensed day care shall be given a physical exam at least every two years after admission.

PARENT OR GUARDIAN - Complete this section.

Name - Child (Last, First, MI)

Birthdate - Child (mm /dd / yyyy)

Address - Child (Street, City, State, Zip Code)

Name - Parent or Guardian (Last, First, MI)

Address - Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL - Complete this section.

Instructions for feeding and care of child with special problems, including allergies - Specify.

Immunization(s) not to be administered to child due to medical reason(s) - Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in day care activities.

Name - Health Professional (type or print)

Address - (Street, City, State, Zip Code)

SIGNATURE - Health Professional

Date of Examination