

Worksheet 3: Child Health Report

Facility:	PCID:	Cert Rep:	Inspection Date:
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Key: / = Compliant O = Non-compliant, notes if applicable N/A = Not Applicable EX = Exemption on file UA = Unable to assess

Items	Child #	Child #	Child #	Child #	Child #	Child #	Child #	Child #	Child #	Child #
Child's Initials										
Age										
Date of Admission										
§3270.131(d)(1)	Health history									
§3270.131(d)(3)/ §3270.133(8)	Medications and Special Diet									
§3270.131(d)(2)	Allergies									
§3270.131(d)(4)	Health Problems									
§3270.131(d)(7)	Is child able to participate in Child Care/Free from Communicable Illness									
§3270.131 (d)(8)	Dev. Screenings									
§3270.131(d)(4)	Vision (until age 3)									
	Hearing (until age 4)									
	Lead Screening									
§3270.131(d)(5) §3270.131(e)(1)	Hepatitis B									
	Rotavirus									
	DTAP/DTP/TD									
	HIB									
	Pneumococcal									
	Polio									
	Influenza									
	MMR									
	Varicella									
	Hepatitis A									
Other										
§3270.131(c)	Date of MD/CRNP/PA Signature (if applicable)									
§3270.131(e)(2)(i) §3270.131(e)(2)(ii)	Letter of Exemption on File (Y or N; If yes, add date)									
Health Assessment/Content of Records										
§3270.131(a) §3270.182(1)	Initial health assessment									
§3270.131(b) §3270.181(c)	Updated health assessment									
§3270.131(c)	Signature									
§3270.131(e)	Child health report / immunizations									
§3270.131(e)	Written verification immun. w/in 60 days									

.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).