

PERRY-HOCKING ESC EARLY CHILDHOOD PROGRAM CHILD MEDICAL STATEMENT

CHILD'S NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____

LIMITATIONS OF HEALTH CONDITION (INCLUDING ALLERGIES, MEDICATIONS, DIETARY RESTRICTIONS)

IMMUNIZATIONS	<i>Please circle one</i>	
Complete for age	Yes	No
In Progress	Yes	No

EXEMPT FROM IMMUNIZATIONS	<i>Please circle one</i>	
Religious conviction	Yes	No
Health concern	Yes	No
Other: _____		

REQUIRED FOR CHILDREN ENROLLED IN AN EARLY CHILDHOOD EDUCATION GRANT PROGRAM OR PRESCHOOL SPECIAL EDUCATION PROGRAM			REASON NOT COMPLETED (check which applies)	
Assessments/Screenings	Completed (Please circle one)	Date completed	Health professional decision	Examples: religious conviction, insurance coverage, other
Vision	Yes No			
Hearing	Yes No			
Dental	Yes No			
Lead	Yes No			
Hemoglobin	Yes No			

THIS CHILD HAS BEEN EXAMINED AND IS IN SUITABLE CONDITION TO PARTICIPATE IN GROUP CARE

<p>_____ SIGNATURE OF EXAMINING PHYSICIAN/PHYSICIANS ASSISTANT OR ADVANCED PRACTICE NURSE (CIRCLE ONE)</p> <p>ADDRESS: _____ PHONE: (____) _____-_____</p>	<p style="text-align: center;">DATE OF EXAM</p>
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PERINATAL HISTORY

Did the mother have any unusual physical or emotional illness during this pregnancy? ___ no ___ yes.
If yes, explain briefly _____

How old was mother when child was born? ___ Was infant born full term ___ late ___ early ___

Infant's birth weight _____

Any sickness or problems in the nursery at the hospital? _____ no ___ yes.

If yes, please explain _____

DEVELOPMENTAL HISTORY

Give approximate age at which this child: walked alone _____ toilet trained _____ spoke in sentences
_____ dressed self _____. How does this child's development compare to other children, such as
his/her brother/sisters or playmates? About same _____ slower _____ faster _____.

ADDITIONAL INFORMATION

What medications, if any, are given daily? _____

What medications are given frequently, but not daily? _____

Child's communication is: _____ verbal _____ non-verbal

Hearing: _____ Hearing impaired Hearing Aid _____ yes _____ no

This child is usually: very active _____ normally active _____ rather inactive _____

Please list any severe injuries or illness: _____

Do you have other comments or concerns about this child's health, development, behavior, family or
home life that you would like the school to be aware of? _____ no ___ yes.

If yes, explain briefly _____

Completed by: _____ Date: _____