CHILD HEALTH APPRAISAL FORM
My Family Daycare Center

Date of Exam: _____

CHILD'S NAME:	**BIRTHDATE:**
CHILD'S ADDRESS:	**CHILD'S TELEPHONE NUMBER:**
1. REVIEW OF HEALTH HISTORY:	2. MEDICAL INFORMATION PERTINENT TO DIAGNOSIS AND TREATMENT IN CASE OF EMERGENCY
3. SPECIAL INSTRUCTIONS TO PROVIDER REGARDING ANY MEDICATIONS REQUIRED DURING THE DAYCARE HOURS:	4. RECOMMENDED MODIFICATIONS OR LIMITATIONS OF CHILD'S ACTIVITY OR DIET
5. VISION _____NORMAL _____ABNORMAL	6. HEARING AUDITORY OR EQUIVALENT SUBJECTIVE SCREENING (DATE) _____ AUDIOMETRY (DATE) _____
7. GROWTH MEASURMENT: HEIGHT _____ PERCENTILE _____ WEIGHT _____ PERCENTILE _____	8. HGB: NORMAL ABNORMAL
9. GM OR HCT% NORMAL _____ or ABNORMAL _____	10. BLOOD PRESSURE NORMAL _____ / ABNORMAL _____
11. MEDICAL NORMAL ABNORMAL ABDOMEN CARDIOVASCULAR EARS, NOSTE EYES EXTREMITIES, JOINTS	NORMAL ABNORMAL GENITALIA, BREASTS LUNGS MOUTH, THROAT SKIN, LYMPH NODES SPINE
12. DEVELOPMENTAL APPRAISAL IS THE CHILD PROGRESSING NORMALLY WITH AGE OR GROUP? YES NO	NAME & ADDRESS OF PHYSICIAN
PHYSICIAN'S SIGNATURE	DATE