## Northwest Children's Learning Center

## CHILD CARE/HEAD START HEALTH RECORD

Indiana State Form 23923 (R2/7-03)

\*All child(ren's) physicals must be turned in no later than 30 days after their first day of enrollment. Please complete the Emergency Health Information and Medical Plan form also.

Child's Name	(Last)	(First)	Admission Date	/		
Street Address	treet Address		1	Zip		
			Phone			
Child lives with	Name		Pnone			
		MEDICAL HISTO	<u>PRY</u>			
Communicable Disease		Month/Year	Condition (Exp	Condition (Explain if present)		
Measles			Allergies:			
Rubella (German Measles) Chickenpox (Varicella)						
Mumps			Limitations:			
Scarlet Fever Whooping Cough						
Hepatitis B						
Other:						
Lymph nodes		Lungs Abdome Genitali Skeletor	eniainin			
Note any unusual findings: _						
	ities (including sports)	? No Yes	elf or to other children in a group s If "Yes", what modification of no			
Have you prescribed any me No Yes E			uded in the center's plans for this cl	hild's activities?		

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(Over)

	HISTORY OF IMMUNIZATIONS (Indicate month/day/year					
	1	2	3	4	5	=
*DTaP/DT						

*DTaP/DT					
	1	2	3	4	
*Hib					
1	1	2	3	4	5
*IPV (Polio)					
	1	2	3	4	5
Influenza (Flu)					
	1	2	I		
*Measles Mumps Rubella (MMR)					
	1	2	3	٦	
Rotavirus (RGE)					
	1	2		_	Month/Year
*Varicella (Varivax)			Or Chi Dis	cken Pox sease	Month/Year
	1	2	3	4	5
*Pneumococcal (PCV) (Prevnar)					
	1	2	٦		
HEPA					
1	1	2	3	٦	
*HBV (HEP B)					
				_	
Name of Physician C	ompleting Fo	orm:	(Please P	rint)	P

Name of Physician Completing Form:		Phone Number:	
	(Please Print)		

Physician's Signature:

## ADDITIONAL NOTES AND INSTRUCTIONS

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<sup>\*</sup>Indiana law requires all children attending licensed childcare facilities to be immunized against this disease.