

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

NAME: _____

Health provider complete this page!

Date of Exam: _____

Height or Length: _____
 Weight _____
 Head Circumference (for children under 2 yr.): _____
 Body Mass Index (for children over 2 yr.): _____

Blood Pressure (start @ age 3 yr.): _____
 Hgb. or Hct.: (start @ 1 yr.) _____
 Blood Lead Level: (start @ 1 yr.) _____

Exam Results (*n = normal limits*) otherwise describe

HEENT _____
 Teeth _____
 Heart _____
 Lungs _____
 Stomach/Abdomen _____
 Genitalia _____
 Extremities, Joints, Muscles, Spine _____
 Skin, Lymph Nodes _____
 Neurological _____

Sensory and Developmental Screening

Vision Right eye _____ Left eye _____
 Hearing Right ear _____ Left ear _____
 Tympanometry (attach results) _____

Developmental Screening results:
 Personal-Social _____
 Fine Motor-Adaptive _____
 Language _____
 Gross Motor _____

Developmental Referral Made Today: Yes No

Birthdate: _____ Age today: _____

Date of Last Dental Exam: _____

Dental Referral Made Today: Yes No

Vaccines given today:
 DtaP/DTP/Td _____
 HEP B _____
 HIB _____
 Influenza _____
 MMR _____
 Pneumococcal _____
 Polio _____
 Varicella _____
 Other _____

TB testing (for high risk child only) _____

Referrals made today:

Referred to *hawk-i* today 1-800-257-8563

Physician authorizes the child may receive the following medications while at child care: (include over-the-counter and prescribed):

<u>Medication Name</u>	<u>Dosage</u>
Diaper crème:	
Pain reliever:	
Sunscreen:	
Cough medication	

Health Provider Assessment Statement:

The child may participate in developmentally appropriate child care/preschool with **NO** health-related restrictions.
 The child may participate in developmentally appropriate child care/preschool **with these restrictions:**

Health Provider (may use stamp)
 Signature _____
 Provider's Type (circle) MD DO PA ARNP
 Health Care Provider Address: _____
 Health Care Provider Telephone: _____

Additional Comments from the Health Care Provider