

Health Inventory



To be completed by health practitioner. Please complete every line of this form. If the child has no special conditions please indicate so by writing "none" in the appropriate spaces. *Columbia Association School Age Services (SAS) programs operate group care programs and our ratios are 1:15, as required by MSDE. While we will strive to provide as much specialized attention for the children as possible, we are unable to provide 1:1 care, diapering/bathroom assistance or individual companions. Our programs include group and individual activities, snack and outdoor play.*

Child's Name _____ Birth Date _____

Child's School _____

Record of Immunization	Dose #	DTP-DT-TD Mo/Da/Yr	Polio Mo/Da/Yr	Hib Mo/Da/Yr	Hep B Mo/Da/Yr	Dose #	M-M-R Mo/Da/Yr	Measles Mo/Da/Yr	Rubella Mo/Da/Yr	Mumps Mo/Da/Yr
	1					1				
	2					2				
	3					Dose	Varicella	Other	Other	Other
	4					1				
5					2					

_____ has had a complete history and physical examination at my office ____/____/____.

Child's Name

Findings for this child are indicated as follows:

1. Date of most recent tuberculin test ____/____/____. Results: _____ Positive _____ Negative

a. Has received appropriate screening and/or testing for lead poisoning on ____/____/____.

2. The child has the following which may significantly affect his education/care experience.

Yes No Comments

- a. Visual problems _____
- b. Hearing problems _____
- c. Speech or language problems _____
- d. Other physical illness or impairment _____
- e. Mental, emotional or behavior problems _____
- f. Developmental delays _____
- g. Allergies _____

Significant physical findings, comments and recommendations: _____

3. The child has a health condition, which may require care or emergency action while he is at childcare. (Specify, e.g., seizures, bee sting allergy, diabetic, etc.) _____

4. The child has or is a known carrier of a communicable disease. Explain. _____

5. The child is on long-term medication. Specify. _____

6. The child requires a modified diet and /or special feeding procedures. Specify _____

7. Except as noted above, the child is otherwise in good physical and mental health, is free of communicable disease, has no problem that may interfere with his learning, and may participate fully in all activities.

Answer the following questions only if relevant.

8. If child cannot fully participate in all areas of childcare program, what areas should be limited or altered to suit this child's needs? _____

9. Does child's physical activity need to be restricted? Yes No If yes, explain: _____

10. What specialized treatments, if any, will this child require? _____

Instructions for care: _____

11. Does this child require any supportive equipment (Braces, crutches, etc.)? Yes No If yes, please specify type: _____

Special instructions for use: _____

12. Please indicate any special accommodations or assistance the child may require. While we will try to meet all reasonable requests through the information provided, all special accommodations may not be possible. _____

13. Is the child potty-trained? Yes No *CA staff cannot provide diaper changes nor can they accompany a child into a bathroom to provide assistance.*

Based on the information above and in the opinion of the child's healthcare provider, is this child able to function in a group care environment with a 1:15 staff to child ratio? Yes No

Signature Required

Signature of Health Practitioner

Date

Health Practitioner (please print)

Phone

Address of Health Practitioner