Columbia Association

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 ________________________________________________________________

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

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.
   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

   Yes No Comments

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   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. ________________________________________________________

Additional information must be provided on other side.
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