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 _____

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. _____

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