

## CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is mandatory to comply with HFS 45.07(6)(L)3. and HFS 46.07(6)(k)3. It also meets the requirements of DWD 55.08(4). Failure to comply may result in issuance of a noncompliance statement. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months after admission. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years after admission.

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**PARENT OR GUARDIAN – Complete this section.**

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

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**HEALTH PROFESSIONAL – Complete this section.**

Instructions for feeding and care of child with special problems, including allergies – Specify.

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Date of most recent blood lead test (Medicaid policy requires testing at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented): \_\_\_\_\_ (mm/dd/yyyy)

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

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**AUTHORIZATION**

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address – (Street, City, State, Zip Code)

**SIGNATURE** – MD, PA or HealthCheck Provider

Date of Examination