

**CHILD HEALTH RECORD**

State of Connecticut  
 Department of Public Health  
 Child Day Care Licensing Program

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Address \_\_\_\_\_

**IMMUNIZATION RECORD: (Month, Day, Year for each dose)**

IMMUNIZATION	DATE					IMMUNIZATION	DATE
	1ST DOSE	2ND DOSE	3RD DOSE	4TH DOSE	5TH DOSE		
DTP/DTaP/DT						MMR (1st Dose)	
OPV/IPV						Measles (2nd Dose)	
Hib HAEMOPHILUS INFLUENZA TYPE B						VARICELLA (Chicken Pox) (Recommended)	
HEPATITIS B						OTHER (Specify)	

Are there medical contraindications to immunization for this child?  Yes  No  
 If yes, specify the vaccine(s) and indicate the contraindications specified in the vaccine manufacturers package insert that applies to this child: \_\_\_\_\_  
 Does this child have laboratory confirmed proof of immunity to natural infection?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 Is this child current or in progress with immunizations according to the schedule adopted by the Commissioner of Public Health (Connecticut General Statute 19a-7f)?  Yes  No

The next appointment for immunization is scheduled for: \_\_\_\_\_  
 (Required unless contraindicated, proof of immunity, or contrary to religious beliefs) (Month/Day/Year)

**GENERAL HEALTH RECORD**

Height \_\_\_\_\_ Weight \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

Identify any known medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect the child's functional ability to participate safely in a day care setting: \_\_\_\_\_

Medical information pertinent to routine child care and emergencies: \_\_\_\_\_

Is this child taking prescription medication on a daily basis for a chronic illness/condition?  YES  NO  
 If so, indicate prescription: \_\_\_\_\_

Does the child have allergies?  YES  NO Explain \_\_\_\_\_

Is the child on a special diet?  YES  NO Explain \_\_\_\_\_

Medical Care Provider \_\_\_\_\_ Signature of MD, APRN or PA \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Town, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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