

CHILD HEALTH RECORD REPORT

Child:	Age:	ID #	Date in Care:
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Each child’s file must contain a documented record of the required initial medical check-ups.

MEDICAL: All children, within 10 days of intake

DENTAL: Ages 3 and up, within 2 months of intake

OPTICAL: Ages 3 and up, within 2 months of intake

LATE APPOINTMENT: If an appointment was made but did not occur within the required timeframe, please note the reason in the comments section.

INITIAL MEDICAL: All Children

Date of Appointment: _____
Year Month Day Doctor

Comments / Recommendations

INITIAL DENTAL: 3 Years and over

Date of Appointment: _____
Year Month Day Doctor

Comments / Recommendations

INITIAL OPTICAL: 3 Years and over

Date of Appointment: _____
Year Month Day Doctor

Comments / Recommendations

Completed by: _____
PRINT SIGNATURE