

## 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