

TLC CHILD HEALTH EXAM FORM

Name _____ Date of Birth _____ Date of Exam _____

Height/Length _____

Weight _____

Blood Lead Level _____

Exam Results (n=normal limits, otherwise describe)

HEENT

Teeth

Heart

Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

Sensory and Developmental Screening

Vision

Right Eye _____ Left Eye _____

Hearing

Right Ear _____ Left Ear _____

Typanometry (attach results)

Developmental Screening Results

Personal-Social

Fine Motor-Adaptive

Language

Gross Motor

Date of Last **Dental Exam**: _____

Vaccines given: Yes _____ No _____

(If yes, attach updated Certificate of Immunization)

Allergies _____

Medical conditions or disabilities that could affect childcare _____

HEALTH PROVIDER ASSESSMENT STATEMENT

The child may participate in developmentally appropriate childcare/preschool with **NO** health related restriction.

The child may participate in developmentally appropriate childcare/preschool **with these restrictions**: _____

The child is free of apparent communicable disease and in suitable condition for enrollment in a childcare facility and has received immunizations appropriate for his/her age.

Health Care Provider Signature _____

Provider's Type (circle) MD DO PA ARNP

Address _____ Phone Number _____

ADDITIONAL COMMENTS FROM HEALTH CARE PROVIDER: