

Christina Kent Early Childcare Center

423 Third St SW, Albuquerque, NM 87102

Phone: 505-242-0557 ~ Fax: 505-242-4885

Child Health Information

Physician to Complete Information

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

1. Date of most recent Well Child Check: \_\_\_\_\_

PLEASE ATTACH A COPY OF MOST CURRENT IMMUNIZATION RECORD. If record is not current, please explain \_\_\_\_\_

\_\_\_\_\_

2. What significant health problems, if any, has this child had in the past?

\_\_\_\_\_  
\_\_\_\_\_

3. Does this child have any of the following? If yes, please check and describe.

- Allergies
- Abnormal result on a hearing test
- Abnormal result on a vision test
- Recurring chronic illness / health problems
- Disabilities such as cerebral palsy, seizure disorder, development delay

If you checked any of the above, please explain and provide any follow-up measures or appointments. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What medications does this child regularly take? \_\_\_\_\_

5. If this child has any special health care or food needs, please describe the individualized care plan or any special instructions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date