



# General Health Appraisal Form (0-2 years)

Part II - To be completed by Health Care Professional

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Health History & Medical Information pertinent to routine infant/toddler care & emergencies:

\_\_\_\_\_ None \_\_\_\_\_ Describe:

Nutrition \_\_\_\_\_ Special Diet \_\_\_\_\_

Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Current Medications \_\_\_\_\_

Diaper ointment/cream that may be applied \_\_\_\_\_

(Note: If skin is broken or bleeding is present, specific instructions from the health care provider are necessary)

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc) illness, hospitalization or concerns with development?

\_\_\_\_\_ None \_\_\_\_\_ Describe:

\_\_\_\_\_

\_\_\_\_\_

Comments: ( Include instructions to the child care provider(s) )

\_\_\_\_\_

Date of most recent examination of child (Note: within the last 12 months) \_\_\_\_\_

Weight \_\_\_\_\_ Vision \_\_\_\_\_

Height \_\_\_\_\_ Hearing \_\_\_\_\_

Dental \_\_\_\_\_

Health Appraisal Plan (Check visits which apply)

Note: Child Care Licensing requires reports of examinations related to the health plan must be provided to the child care provider and kept on file.

\_\_\_\_\_ 2 month \_\_\_\_\_ 4 month \_\_\_\_\_ 6 month \_\_\_\_\_ 9 month

\_\_\_\_\_ 12 month \_\_\_\_\_ 15 month \_\_\_\_\_ 18 month \_\_\_\_\_ 24 month

\_\_\_\_\_ other (please specify)

\*\*\*Please attach current immunization record.\*\*\*

Health Care Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

I \_\_\_\_\_ give consent for my child's health care provider and child care provider to  
 (name of parent/guardian)  
 discuss my child's health concerns.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date