



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