NAME_

STATE OF DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES OFFICE OF CHILD CARE LICENSING

Family Child Care Large Family Child Care Home Day Care Center

BIRTHDATE_

CHILD HEALTH APPRAISAL

☐ Allergies (food, medicine, bed ☐ Constipation/Diarrh	☐ Frequence sting etc.) ☐ Hearing	t Colds \square Difficulty \square	Fainting	NAL COMMENTS BELOW Physical Handicap Behavior Problem Asthma		
Comments:						
ADDITIONAL INFORI	MATION ABOUT YOUR	CHILD (include ser	rious illness, accidents, o	operations, medi	ications, etc. with dates	
Parent/Guardian's Signature			Date			
SECTION B: TO BE	COMPLETED BY EXA	MINING PHYSIC	CIAN/PEDIATRIC NU	RSE PRACTIT	ΓΙΟΝΕR	
	ithin Normal Limits	O - See Remai				
Scalp, Skin	Heart	Vision	Ear, Nose	Lu		
Hearing	Throat	Abdomen	Blood Pressure	Ey	Eyes	
Genitalia	Teeth	Extremities	Neck, Glands	Ne	ervous System	
	Weight					
	ING NORMALLY FOR A					
DTP/Hib 1 / /	DTP/Hib 2	DTP/Hib 3	DTP/ Hib		DTaP/Hib 4	
/ / DTP/DTaP 1 / DT	DTP/DTaP 2 / DT	DTP/DTaP 3 /	/ / DT DTP/DTaf	24 / DT	DTP/DTaP 5 / DT	
/ /	/ / Td 2	/	/ /	/ /	/ /	
Td 1 / /	/ /	/		/ /	/ /	
OPV/IPV 1	OPV/IPV 2	OPV/IPV 3	OPV/IPV 4	1	TB Screening 12 mo	
/ / MMR 1	MMR 2	HepB 1	/ HepB 2	/ /	HepB 3	
/ /	MININ 2	/	/	/ /	/ /	
Hib 1	Hib 2	Hib 3	Hib 4	, ,	Hep B/Hib 1	
Hep B/Hib 2	Hep B/Hib 3	Varicella 1	/ Varicella	/ /	Influenza 1	
/ /	/ /	/	/	/ /	/ /	
Influenza 2	Pneumococcal Polysaccharide1	Pneumococcal Polysaccharide			Pneumococcal Conjugate 2	
/ /	/ /	/ /	/ Conjugate	/ /	/ /	
Pneumococcal	Pneumococcal	Hep A 1	Hep A 2		Lyme Vax 1	
Conjugate 3	Conjugate 4	/	/	/ /	/ /	
Lyme Vax 2	Lyme Vax 3	Other:	Lead Scre	ening 12 mo	, ,	
/ /	/ /	/	/	/ /		
Examiner's Signature			M.D. □ P.N.P. Date:			
			elephone:			
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