Country Daycare
Stacy Willie

CHILDREN'S HEALTH RECORD

Child's Name _____ Date of Birth _____

General state of health _____

Are child's immunizations up to date? _____
(Please attach copy of immunization record)

Does child have any known allergies?
_____

Are you concerned that your child may be prone to any type of allergy?
_____

Does your child have any medical conditions that I should be made aware of?
_____

Has your child had the following common childhood illnesses?
Chicken Pox _____
Measles _____
Mumps _____
German Measles _____
Whooping Cough _____
Other _____

Is your child prone to?
Ear infections _____
Headaches _____
Stomach Upset _____
Sore throat _____
Colds _____

Does your child have any speech, hearing or visual problems?
_____

Has your child ever been tested for the above?
_____

Has your child ever had any surgeries?
_____

Parent signature _____ Date _____