

### Worksheet 3: FCCH Child Health Report

<b>Facility:</b>	<b>PCID:</b>	<b>Cert Rep:</b>	<b>Inspection Date:</b>
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**Key:** / = Compliant    O = Non-compliant, notes if applicable    N/A = Not Applicable    EX = Exemption on file    UA = Unable to assess

Items	Child #	Child #	Child #	Child #	Child #
<b>Child's Initials</b>					
<b>Age</b>					
<b>Date of Admission</b>					
<b>Health History</b>					
§3290.131(d)(1)	Health history				
§3290.131(d)(3)/ §3290.133(8)	Medications and Special Diet				
§3290.131(d)(2)	Allergies				
§3290.131(d)(4)	Health Problems				
§3290.131(d)(7)	Is child able to participate in Child Care/Free from Communicable Illness				
§3290.131 (d)(8)	Dev. Screenings				
§3290.131(d)(4)	Vision (until age 3)				
	Hearing (until age 4)				
	Lead Screening				
§3290.131(d)(5) §3290.131(e)(1)	Hepatitis B				
	Rotavirus				
	DTAP/DTP/TD				
	HIB				
	Pneumococcal				
	Polio				
	Influenza				
	MMR				
	Varicella				
	Hepatitis A				
Other					
§3290.131(c)	Date of MD/CRNP/PA Signature (if applicable)				
§3290.131(e)(2)(i) §3290.131(e)(2)(ii)	Letter of Exemption on File (Y or N; If yes, add date)				
<b>Health Assessment/Content of Records</b>					
§3290.131(a) §3290.182(1)	Initial health assessment				
§3290.131(b) §3290.181(c)	Updated health assessment				
§3290.131(c)	Signature				
§3290.131(e)	Child health report / immunizations				
§3290.131(e)	Written verification immun. w/in 60 days				

.131(d)(5) Note: Yes, indicates that the child meets the required immunization schedule according to the recommendations of the Advisory Committee on Immunization (ACIP).