CCL. 029a Rev. 3/2017

## Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

hild's Name First	Last		or Birth
Health history and medical information pertinent to routine child care and emergencie (describe, if any):		ld care and emergencies	Do you see this child for regular health supervision:
None			☐ Yes ☐ No
Allergies to food or medicine (describe, if	any):		
None			
List current medications (if any):			
□ None			
	ILE	Weight:LB/KG	
Physical Examination	✓ If Normal	If Abnormal - Commen	ts
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory	1		
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin/Lymph Nodes			
Neurologic & Developmental			
Screening Tests	Screening Date	Note Here if Results ar	e Pending or Abnormal
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Hearing			
Vision			
Health Problems or Special Needs, Recon  None	nmended Treatment/	Medications/Special Care (A	ttach additional sheets if necessary)
Signature of Licensed Physician or Nurse approved for Child Health Assessments			Date
Print the Name of the Individual Signing Above			Phone Number
	City		