

Shiloh Lutheran Nursery School

2201 Church Road

York, PA 17408

764-8200

Child Health Assessment Form

Child's Name:		Date of Birth:
Address:		Parent home phone:
		Parent cell phone:
Height:	Weight:	Blood Pressure:
		Temperature:

Physical Exam	Results	Comments:
Head/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen		
Genitalia/Breasts		
Extremities/Joint/Back		
Skin/Lymph Nodes		
Neurological/Tone		
Developmental		

Health History	Yes	No	Comments:
Does the child exhibit any of the following conditions?			
Allergies			
Asthma or wheezing			
Eczema/skin rashes			
Seizures			
Heart Condition			
Diabetes			
Frequent Colds			
Speech Problems			
Dental Problems			
Vision Problems			
Shortness of Breath			
Other			

Vaccine	Date	Date	Date	Date	Date
DTP/DtaP					
Polio					
HIB					
MMR					
Varicella					
PCV					
HBV					
HAV					
Other					
Comments:					

Screening Tests	Normal	Abnormal/Comments
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs/Limitations:

Signature of Physician or CRNP and **DATE OF EXAM:**

Address of health care provider:

Phone: