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 for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name		Date of Birth	
First	Last		
Health history and medical information pertinent to routine child (describe, if any):		ild care and emergencies	Do you see this child for regular health supervision:
☐ None			☐ Yes ☐ No
Allergies to food or medicine (describe, i	f any):		
None			
List current medications (if any):			
None			
		Ι	
Length/Height:IN/CM %ILE		Weight:LB/KB %ILE	
Physical Examination	✓ If Normal	If Abnormal - Comment	:s
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin/Lymph Nodes			
Neurologic & Developmental			
Screening Tests	Screening Date	Note Here if Results are	Pending or Abnormal
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Hearing			
Vision			
Health Problems or Special Needs, Recor	mmended Treatment/	Medications/Special Care (At	tach additional sheets if necessary)
None			
Signature of Licensed Physician or Nurse approved for Child Health Assessments			Date
Print the Name of the Individual Signing Above			Phone Number
Address	Address City		Zip Code