

**Child Development Academy at Marshall University**  
 520 Twenty-Second Street, Huntington, WV 25703 (304) 696-5803 Fax (304) 696-5805

**CHILD HEALTH ASSESSMENT**

Child's Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

General Statement Describing Child's Health Status:		
Height:	Weight:	History of Prematurity:

Health History & Medical Information Pertinent to Routine Child Care and Emergencies:
Allergies to Food or Medicine:
Daily Medications & Potential Side Effects:

Health Problems or Special Needs:
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Injury that required medical attention or hospitalization: (Attach additional sheets if necessary)
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Screening Test (if completed)	Date	Normal	Abnormal/Comments

**ATTACH AN UP-TO-DATE RECORD OF IMMUNIZATIONS & VARICELLA**

Medical Care Provider: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or CRNP

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The center must have a health record, signed by your child's physician, giving a history of communicable disease, immunizations, varicella, and other pertinent information within 30 days of enrollment and every two years thereafter for children 25 months of age and older. Children 24 months of age and younger must update with new or current information at least every six months.
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