

# Health Care Summary

(to be completed by physician/nurse practitioner)

Date of Enrollment: \_\_\_\_\_

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

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

Parent(s) or Guardian: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

How long have you been seeing this child? \_\_\_\_\_

Is the child up-to-date on their immunizations? Yes No (If No, plan for bringing the child up-to-date: \_\_\_\_\_)

Copy of immunizations attached and signed by health care provider? Yes No

Does this child have any allergies (including allergies to meds)? \_\_\_\_\_

Is any condition present that may result in an emergency? \_\_\_\_\_

What is the status of the child's... vision? \_\_\_\_\_

hearing? \_\_\_\_\_

speech? \_\_\_\_\_

Please list below the important health problems. Indicate if you or someone else is following the child for problem, and check which problems require special attention at the center.

<b>Important Health Problems</b>	<b>Followed by you</b>	<b>Followed by other medical source (name)</b>	<b>Requires special attention at the center</b>
_____	_____	_____	_____
_____	_____	_____	_____

Other information that would be to the YMCA Child Care Center (including activity restrictions):

\_\_\_\_\_  
\_\_\_\_\_

Primary Health Care Provider's Name: \_\_\_\_\_

Clinic's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Signature of Health Care Provider: \_\_\_\_\_ Date \_\_\_\_\_