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Medical Statement for a Child

Name of Child: _____ DOB: _____

Information released to the parent: _____ on _____

Comprehensive Health and Developmental History (*Document any known chronic health problems, medications, allergies, significant acute illnesses*)

Are immunizations up to date? _____ If not, which immunizations are needed? _____

Immunizations administered at: _____

Physical Assessment:

Height: _____ Weight: _____ Blood Pressure: _____ Temp: _____

Assessment of nutritional adequacy and overall well-being:

Behavioral/Developmental Assessment: (*include an assessment of behavior, language, social and psychomotor skills*)

Significant Findings/Recommendations:

Licensed Medical Practitioners Signature: _____ Date: _____

Printed name of Medical Practitioner: _____

Address: