FORT LEE SCHOOL DISTRICT FORT LEE, NEW JERSEY FORM 02-D-02

UNIVERSAL CHILD HEALTH RECORD

Endorsed by:

American Academy of Pediatrics, New Jersey Chapter New Jersey Academy of Family Physicians New Jersey Department of Health

CARL CONTRACTOR OF THE STATE OF	SECT	TON I-	TO BE CON	IPLE	TED BY	PAREN	T(S)				
Child's Name (Last)	(First)			Gende			\$100 march 120	of Birth			
						ale 🔲	Female	9	/		
Does Child Have Health Insurance?	If Yes,	Name of	Child's Health	Inst	rance Car	rier					
□Yes □No											
Parent/Guardian Name Home					me Telephone Number Wor					ell Phone Number	
			() -					() -			
Parent/Guardian Name		Home Telephone Number					Work Telephone/Cell Phone Number				
T arona oddrawa i rramo			()						() -		
I give my consent for my child		, ,	varriday/C	about New	raa ta d	licoues t	ho informs	tion on this form			
Signature/Date	rs Health Care I	roviaer	ana Chila C	are P	rovidens	CHOOL NU	This fo	orm may	be release	d to WIC	
Oignature/Date							A CONTRACTOR	Yes	□No	a to viio.	
A PROPERTY OF THE PROPERTY OF	SECTION II -	TO BE							Mint Control		
Date of Physical Examination:			Results	of ph	ysical exa	mination r	normal?]Yes	□No	
Abnormalities Noted:					Weight (must be taken						
					within 30 days for WIC)						
			Height (must be								
					within 30 days for						
(40)					Head Circumference						
							(if <2 Years) Blood Pressure				
set)				(if >3 Ye							
IMMUNIZATIONS Immunizati						l must	be at	tache	d to this	s form.	
			AEDICAL C	ONIC	SIADITI		-				
Observice Madical Conditions / Deleted Company			MEDICAL CONDITIONS None Comments								
Chronic Medical Conditions/Related Surgeries List medical conditions/ongoing surgical			None C Special Care Plan								
concerns:	Surgical	Attached									
Medications/Treatments		None			omments						
List medications/treatments:			Special Care Plan								
	Attac		C	omments							
Limitations to Physical Activity			☐ None ☐ Special Care Plan								
 List limitations/special considerations 		Attached									
Special Equipment Needs	None		C	omments		Andrew Persons					
List items necessary for daily actions	Special Care Plan										
- List Home Hoodesary for daily destribute		Attached		C	omments			- himis—ih-Sa			
Allergies/Sensitivities	☐ None ☐ Special Care Plan		10	Jillinellis							
 List allergles: 		Attached									
Special Diet/Vitamin & Mineral Supplements)	C	omments						
List dietary specifications:			ial Care Plan								
- List diotally openinguities.	Attached None			ommonte		-					
Behavioral Issues/Mental Health Diagnosis List behavioral/mental health issues/concerns:				100	omments						
			Special Care Plan Attached			ton-report to	Electric Control				
Emergency Plans			None								
List emergency plan that might be needed and			ial Care Plan								
the sign/symptoms to watch for	:	Attac		1	CODEEL	UNICO					
т			NTIVE HEA					Dete D	rformed	Note if Abnormal	
Type Screening	Date Performed	1	Record Value			Screenin	y	Date Pe	Tormed	Note ii Abiloffilal	
Hgb/Hct		_			Hearing						
Lead: Capillary Venous					Vision						
TB (mm of Induration)					Dental						
Other:						evelopmental					
Other:					Scoliosis						
I have examined the abov	e student and	reviewe	d his/her he	alth	history.	It is my	opinior	that he	e/she is n	nedically cleared to	
participate fully in all child	care/school act	ivities, ir	cluding phy	sical	education	n and cor	mpetitiv	e contac	t sports, t	iniess noted above.	
Name of Health Care Provider (Print	3)			Hea	lth Care Pr	ovider Sta	mp:				
Signature/Date											