

## 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:**

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

**Significant Findings/Recommendations:**

Licensed Medical Practitioners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address:

