

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly Press Hard

STUDENT ID NUMBER OSIS

Grid for Student ID Number OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Parent/Guardian information fields: Child's Name, Address, Insurance, etc.

TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

Health Care Provider information fields: Birth history, Allergies, Medications, Dietary Restrictions, etc.

PHYSICAL EXAMINATION fields: Height, Weight, BMI, Blood Pressure, General Appearance, etc.

DEVELOPMENTAL and SCREENING TESTS fields: Cognitive, Communication, Hearing, Blood Lead Level, etc.

IMMUNIZATIONS - DATES fields: Hep B, Rotavirus, DTP, Hib, PCV, Polio, etc.

RECOMMENDATIONS and ASSESSMENT fields: Physical activity, Well Child, Diagnoses/Problems, etc.

Health Care Provider Signature, Name, License, Facility Name, Address, Telephone, etc.