



PLEASE FAX HEALTH CARE SUMMARY AND IMMUNIZATION INFORMATION TO 763-592-7970

1125 County Road B W, Roseville, MN 55113
Questions???. Call 651-644-2405

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

| <u>Important Health Problems</u> | <u>Followed By You</u> | <u>Followed By Other Med Source (Name)</u> | <u>Requires Special Attention at Center</u> |
|----------------------------------|------------------------|--|---|
|----------------------------------|------------------------|--|---|

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____