



## Child Care Health Consultation Child Care Evaluation WORKSHEET Version 1/31/2001

Date: \_\_\_/\_\_\_/\_\_\_ Service Site ID: \_\_\_-\_\_\_-\_\_\_ Consultant's ID #: \_\_\_-\_\_\_-\_\_\_ Page # of FAX: \_\_\_

Child	Age in Months	Y= Yes, N= No							Number of Days Absent (Previous 2 months)	Number Medically Attended Injury Incidents (Previous 2 months)	Record of Screenings (Previous 6 months)						
		Complete Emergency Contact Information on file	Well Child physical on file	Well Child physical in last year	Child with Special Needs (CSN)	Medical Care Plan on file	Immunizations Up-to-Date	Medical Home on file			Health Insurance on file	Height and Weight	Hct or Hgb	Lead	Vision	Hearing	Speech or Language
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N = Not Recorded  
 I = Recorded, but Record is Incomplete  
 Y = Recorded, not Positive  
 P = Positive, no Referral  
 R = Positive, Referred, Pending  
 C = Positive, Referred, Complete