# Child & Adolescent Health Examination Form

## NYC Department of Health & Mental Hygiene - Department of Education

### Child's Information
- **Last Name**
- **First Name**
- **Middle Name**
- **Sex**
- **Date of Birth**
- **Parent/Guardian Last Name**
- **Parent/Guardian First Name**
- **Health Insurance**
- **Race**
- **Hispanic/Latino?**
- **City/Borough**
- **State**
- **Zip Code**
- **School/Center/Group Name**
- **District**
- **Phone Numbers**

### Medical History
- **Birth History**: Complicated by ...
- **Allergies**
- **Drugs**
- **Other**

### Physical Examination
- **General Appearance**
  - **Height**
  - **Weight**
  - **BMI**
  - **Blood Pressure**

### Screening Tests
- **Blood Lead Level**
- **Lead Risk Assessment**
- **Hearing**
- **Vision**

### Immunizations
- **Hep B**
- **OPV/Varient DT**
- **PCV**

### Recommendations
- **Full Physical Activity**
- **Full Diet**
- **Restrictions**
- **Follow-up Needed**
- **Referral**

### Assessment
- **Well Child**
- **Diagnoses/Problems**

### Health Care Provider Information
- **Name and Degree**
- **Provider License No. and State**
- **Facility Name**
- **National Provider Identifier (NPI)**
- **Address**
- **City, State, Zip**
- **Telephone**

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*Copies: White School/Child Care/Early Intervention/Camp, Community Health Care Provider, Parent/Guardian*