

STATE OF ILLINOIS DEPARTMENT OF HUMAN SERVICES CERTIFICATE OF CHILD HEALTH EXAMINATION

Staatin	s Name]	Birth	Date		Se	ex	Schoo	bl			Gra	de Le	vel /ID)#	
Last			Fir	st			Mid	dle		Мо	onth/Day/ Y	/ear											
Address	Street			City				ZIP cod		Parent/ Guardiar						Tele Hon	phone #		Ţ	Work			
IMMUNI	IZATIO		be comp	leted by				der. No	ote the	mo/da	/yr for <u>e</u>					e day a	nd mon		quired	if you o			
the vaccine the medica						r age.	Ifa	specifio	c vacci	ine is 1	nedical	ly con	traind	icated, a	a separa	ate wri	tten sta	atemen	t must	t be att	ached	explai	ning
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Diphtheria	and Tet	anus (Ped	iatric D	۲ or Td)																			
Inactivated	l Polio (l	PV)																					
Oral Polio	(OPV)																						
Haemophil	lus influ	enzae type	e b (Hib)																				
Hepatitis E	B (HB)																						
Varicella (Comr	nents							
Combined (MMR)	Measles	, Mumps	and Rub	ella											_								
Measles (R	Rubeola)																						
Rubella (3-	-day mea	asles)																					
Mumps	1.(· 1	<u> </u>	1 .	<u> </u>	DOV								DDU22			D1/22			DUGG			001/22
Pneumoco		-		ol entry		JPCV?	/ UP	PV23			PPV23			PPV23		V7 □P	PV23		V7 □P	PV23		v7 Ш	PPV23
Check spec	cific type	e (PCV7,	PPV23)																				
Other (Spec	• •																						
Health ca	are pro	vider (N	ID, DO	, APN	, PA, s	choo	l hea	lth pr	ofessi	ional,	health	offic	ial) ve	erifying	g abov	e imm	unizat	tion hi	story	must	sign b	elow.	
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Internating framework [Heart problem/Shortness of breath?	Yes No		Tobacco use (type, freque	ency)?	Yes	No	
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Other concerns? Other concerns? Ear/Hearing problems? Yes No Indication may be stared with appropriate personal for health and elocational purpose. Base Bone Joint problem/signry/scolubies? Yes No Base Partice section below to be completed by MD/DO/APN/PA ("stoncarts tratting standard and processing the start with appropriate personal for health and elocational purpose. Base Partice section below to be completed by MD/DO/APN/PA ("stoncarts tratting standard and processing the start with appropriate personal for health and elocational purpose. Base Partice section below to be completed by MD/DO/APN/PA ("stoncarts tratting starting trans) Yes and and you of the following: Family History Yes and the stoncarts tratting starting starting starting starting starting starting starting trans tratting starting trans trans. Base DIABETES SCREENING BND/S% age/sec Yes and and any two of the following: Family History Yes and and and procession starting	1	Yes No				Yes	No	
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<form> Bane Joint probleming injury localities? Yein No Seametry Pare Entire section below to be severe between betwee</form>	Ear/Hearing problems?	Yes No			ith appropri	ate personnel	for health and	d educational purposes.
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Signs of Insulin Resistance (hyperension, dysliptilemia, polycyste ovarian syndroms, acanthosis rigicam) Yes No At Risk Yes No LEAD RISK QUESTIONNAILEV Required for children age for moth strough fy spare resoluted in lectened or public school operated day care, preschool, markery school and/or kindergaren. Blood Test Induetated Yes No Blood Test Result (Blood test required in Chicago and other high risk process.) TB SKIN TEST Recommended only for children in high-risk grosps including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence counties, or those exponed to aukin in high-risk categories. See CDC guidelines. Date Read // Result mm ALST ESTS TSTORCETER ISTENCT Date Results Date Results mm ALST ESTS TSTORCETER ISTENCT Date Results Date Results mm View Hontington Other Date Results Normal Comments/Follow-up/Needs Normal Comments/Follow-up/Needs Normal Comments/Follow-up/Needs Normal Comments/Follow-up/Needs Normal Comments/Follow-up/Needs No Mode/Test Parker No No <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
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prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read / / / Result num /				× *	1		6	0 1
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Ears Gastrointestinal Eyes Normal Yes No0 Objective screening Yes Nob Referred to Ophalmologist/Optometrist Yes No Musculoskeletal Throat Spinal examination Mouth/Dental Spinal examination Cardiovascular/HTN Respiratory Mental Health NEEDS/MODIFICATIONS Reprint North Respiratory MENTAL HEALTH/OTHER Is there anything else the school setting SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arthythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's bealth with school or school health personnel, check title: Nerrol Yes No Yes No Mental HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's bealth with school or school health personnel, check title: No Yes No Mental HEALTH/OTHER Is heart abool due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes No Yes No Mental HEALTH/OTHER No Men	SYSTEM REVIEW Normal	Comments/Fo	llow-up/Needs	1	Normal		Comment	s/Follow-up/Needs
Ears Gastrointestinal Gastrointestinal Image: constraint of the second secon	Skin			Endocrine				
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