

STATE OF DELAWARE

DEPARTMENT OF SERVICES FOR CHILDREN,  
YOUTH AND THEIR FAMILIES

NAME MARY MUG XUOFJUBQUTFYU

OFFICE OF CHILD CARE LICENSING

Family Child Care  
Large Family Child Care Home  
Day Care Center

BIRTHDATE 02/03/2001

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other \_\_\_\_\_

Comments: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

Scalp, Skin	Heart	Vision	Ear, Nose	Lungs
Hearing	Throat	Abdomen	Blood Pressure	Eyes
Genitalia	Teeth	Extremities	Neck, Glands	Nervous System
Height	Weight			

REMARKS AND RECOMMENDATIONS: \_\_\_\_\_

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? \_\_\_\_\_

DTP/IIb 1 / /	DTP/IIb 2 / /	DTP/IIb 3 / /	DTP/IIb 4 / /	DTaP/IIb 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 02/01/2012	Td 2 02/02/2012	Td 3 01/01/2014	/ /	/ /
OPV/IPV 1 10/13/2010	OPV/IPV 2 02/02/2011	OPV/IPV 3 04/06/2012	OPV/IPV 4 12/10/2013	TB Screening 12 mo 06/08/2015
MMR 1 08/02/2012	MMR 2 08/27/2012	HepB 1 06/15/1998	HepB 2 02/15/1999	HepB 3 09/07/2001
Hib 1 11/15/1998	Hib 2 08/15/1999	Hib 3 10/13/2010	Hib 4 04/06/2012	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 01/17/2012	Varicella 2 05/14/2013	Influenza 1 11/16/2010
Influenza 2 11/28/2011	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 11/19/2008	Pneumococcal Conjugate 2 03/19/2009
Pneumococcal Conjugate 3 05/02/2010	Pneumococcal Conjugate 4 05/03/2010	Hep A 1 09/02/2006	Hep A 2 04/01/2012	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo 06/20/2014	

Examiner's Signature Laura Bennett, M.D.  M.D.  P.N.P. Date: 03/25/2021

Printed Name: Admin Telephone: 215-343-5520