

# KIDS OF THE KINGDOM LEARNING CENTER

## CHILD HEALTH RECORD

3803 W. Lake Houston Parkway  
Kingwood, Texas 77339  
(281) 360-0288 FAX (281) 360-2965

To be completed by Parent:

Child's Name \_\_\_\_\_ Sex: M F Birthdate \_\_\_\_\_

List any recent illness \_\_\_\_\_

List any chronic illnesses / conditions \_\_\_\_\_

List any allergies \_\_\_\_\_

If child has been hospitalized in past 12 months, please describe / explain \_\_\_\_\_

List any conditions for which this child may require special treatment \_\_\_\_\_

### PHYSICIAN'S EXAMINATION

Date of Exam \_\_\_\_\_

Child's age this date \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

**SPECIAL SENSES SCREENING RECORD:**

Visual acuity and hearing sensitivity screening are required for 4-year-olds enrolled in preschool. Re-screening is only required if an abnormality was noted on the first screening.

**VISION SCREENING:**

DISTANCE ACUITY:  
R-20/ \_\_\_\_\_ L-20/ \_\_\_\_\_  
Date: \_\_\_\_\_

**HEARING SCREENING**

at 25 db	R	L
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

Pass \_\_\_\_\_ Fail \_\_\_\_\_  
Re-screen Date: \_\_\_\_\_

**PHYSICAL ASSESSMENT:** normal abnormal not eval.

	normal	abnormal	not eval.
General Appearance			
Skin			
Head			
Eyes			
(1) light reflex			
(2) Cover test			
Ears			
Nose, Mouth, Pharynx, Teeth			
Neck (lymphatic/thyroid)			
Heart			
Lungs			
Abdomen (includes hernias)			
Genitalia			
Orthopedic (posture/gait)			

**This completed and signed form MUST be returned to Kids of the Kingdom along with a copy of a current IMMUNIZATION RECORD signed by the physician.**

I have examined the child named on this form and find that he/she IS / IS NOT able to participate in this program. I have reviewed the immunization record and attest that it is a true and accurate listing.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician: Please give diagnosis of any Physical or Mental Impairment, any activity in which child should not participate, any special diet or medication prescribed on a regular basis. \_\_\_\_\_