



CALICO CENTER

HEALTH RECORD

- *To be completed by parent or guardian of child*

Name of child (print or type)	Date of Birth	Name of Parent (print or type)

1. **Allergies** (List all allergies affecting the child and any special precautions or treatments needed for these allergies).

2. **Medications or Food Supplements** (List all medications or food supplements currently being given to the child).

3. **Special Diet or Restrictions** (List any diet restrictions affecting the child or special diet requirements).

4. **Ongoing (chronic) Physical Problems** (List all ongoing physical problems affecting the child).

5. **Hospitalizations** (List dates of all hospitalizations of the child and reason).

Complete other side also.....

6. **Diseases** (List all diseases the child has had).

7. **Immunization Record** (Enter month, day, and year).

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Diphtheria, Tetanus, Pertussis (DPT)					
Polio					
Haemophilus b (HIB)					
Measles, Mumps, Rubella					
Hepatitis B					
Varicilla Zoster (Chicken Pox)					
Prevnar					
Other:					

Child's Physician

Name
Address
Phone

Parent/Guardian	Date
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