MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care

HEALTH INVENTORY

CHILD'S PERSONAL RECORD FOR CHILD CARE FACILITIES

Child's NameLast	First	Middle	Birth Date
Name of Parent or Guardian			
Home Address			Relationship
City		State	Zip Code
Check Best Telephone Number to Reach You:			
☐ Home #:	🗆 Work #:		Cell #:
Dear Parent/Guardian:			
Healthy children need medical health check-up should include free of communicable disease.	e physical examination	ervision and should se and immunizations w	e a doctor at regular intervals. The which are necessary to keep your child
Health Practitioner in evaluation	ng your child, and med m your child's Health	ical information, lead	I), which will be helpful to the screening/testing and proof of age- This information must be completed
six years of age have appropr	riate screening for lea 1e State (see page 4) d	d poisoning. Childro esignated as at-risk f	izations and that children less than en who reside (or have ever for childhood lead poisoning <u>must</u>
PLEASE RETURN THIS COMPL	ETED FORM TO:		
Name of Child Care Facility:			
Address:			
City/Town		State	Zip Code