Important Information

Child's Name:	Doctor Names and Phone Numbers:
Date of Birth:	
Parent/Guardian Names:	
Home Telephone:	
Work Telephones:	Dentist's Name and Phone Number:
Address:	
	Health Insurance Numbers:
mportant Health Problems/Allergies:	Pharmacy Names and Phone Numbers:
Medications Taken Regularly:	
	Poison Control Center Number:

Health Care Visit and Illness Record

Use this chart to keep track of your child's health care visits. Also use this chart to keep track of your child's illnesses (such as ear infections or flu) and

injuries (such as broken bones). A record of childhood illnesses and injuries will be useful even when your child is an adult.

Date	Illness/Reason for Visit	Treatment/Medication

Immunization Record

Use this chart or an official immunization card to keep track of your child's immunizations. Go to the immunizations section for more information. Significant reactions should be recorded and reported to your health care provider immediately.

Type of Immunization		Enter Dates, Name/Initials of Provider and Other Information Below			
Hepatitis B	Dates Received Provider/Clinic				
Diphtheria Tetanus, Pertussis (DTaP)	Dates Received Provider/Clinic				
Tetanus and Diphtheria	Dates Received Provider/Clinic				
Haemophilus Influenzae type b	Dates Received Provider/Clinic				
Poliovirus	Dates Received Provider/Clinic				
Measels, Mumps, Rubella	Dates Received Provider/Clinic				
Chicken Pox (Varicella)					
Pneumococcal Disease (PCV)	Dates Received Provider/Clinic				
Hepatitis A	Dates Received Provider/Clinic				
Influenza	Dates Received Provider/Clinic				

Test and Exam Record

You can keep track of tests or exams your child has by using the chart below.

Type of Test or Exam			Enter Date/Age, Results and Other Information				
Newborn Screening (p. 9) Schedule: Before 7 days old	Date/Age						
Vision Test (p. 12) Schedule: First test before	Date/Age 5 years old*						
Hearing Test (p. 12) Schedule: *	Date/Age						
Lead Test (p. 13) Schedule: First test by 1-2 y	Date/Age years old*						
Tuberculosis Skin Test (p. 14) Schedule: If needed.*	Date/Age						
Dental Visit (p. 21) Schedule: *	Date/Age						

 $[\]ensuremath{^{*}}$ Discuss your child's specific needs with his or her doctor or nurse.

Growth Record

Record your child's height, weight, and head size whenever your doctor measures them.

Date/Age	Weight	Height	Head Size

Date/Age	Weight	Height	Head Size