

UNIVERSAL CHILD HEALTH RECORD

American Academy of Pediatrics
New Jersey Chapter

Endorsed by:
New Jersey Department of
Health and Senior Services

New Jersey Academy of
Family Physicians

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted:	Weight (must be taken within 30 days for WIC)
	Height (must be taken within 30 days for WIC)
	Head Circumference (if <2 Years)
	Blood Pressure (if ≥3 Years)

IMMUNIZATIONS

Immunization Record Attached
 Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

STATE OF NEW JERSEY IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE

IMMUNIZATIONS RECOMMENDATIONS

Four (4) day grace period included for all vaccine doses.

PRESCHOOL REQUIREMENTS

Written Documentation of :

Four (4) doses of D.P.T. or D.T.A.P. Vaccine.

Three (3) doses (3) of Polio Vaccine.

One (1) dose of H.I.B. after 12 months of age.

One (1) dose of M.M.R. after 12 months of age.

One (1) dose of Varivax administered after 12 months of age.

One (1) dose of PVC Pneumococcal Vaccine on or after the first birthday.

One (1) dose of Influenza Vaccine (annually).

KINDERGARTEN REQUIREMENTS

Written documentation of :

Four doses (4) of D.P.T. with one dose administered after the fourth birthday.

Three doses (3) of Polio with one dose administered after the fourth birthday or four doses appropriately spaced

Two (2) doses of M.M.R. administered after the first birthday.

Three doses of Hepatitis B vaccine administered at appropriate intervals.

One (1) dose of Varivax administered after 12 months of age or, laboratory, physician or parental documentation of disease.

6th GRADE REQUIREMENTS

Written documentation of :

MENINGOCOCCAL VACCINE - Every child born on or after January 1, 1997, when turning 11 yrs. old.

Tdap BOOSTER - Every child born on or after January 1, 1997.