New Jersey Department of Health PO Box 364, Trenton, NJ 08625-0364

CHILD HEALTH RECORD

Patient Name (La	ast, Firs	st, MI)													
								Cour	nty		Mu	ınicipality	/		
Date of Birth			Sex		NJIIS Nu	mber			Health erence (addres	ss)					
Language Spoke	en in Ho	me	•	•											
								Fath	er			Occupat	tion		
Name and Addre	ess of B	аскир не	ealth Care	Provide	r			Moth	ier			Occupat	tion		
								Addr	ess*						
PERMISSION F									·						
I hereby request and tests recomn						muniza	tions,	Tala	phone*						
and tools recom	monacc		ouitir our	provido	••			1 616			ncil for eve				
		(Signature)										NIC ILLNE	20	
		,	,					ME	NTAL ILLNES						ATH)
(Date)				(Relations	ship)			F	Relation	Year	r of Birth		State of	Health	
	PE	RSONAL	HEALTH	н ніѕтоі	RY		F	ather							
BIRTH HISTORY	Y			N	О Ү	′ES	N	/lother							
Illness of moth		ng pregna	ncv.	_			Е	Brother/	/Sisters						
Unusual labor				_											
Type of Delive		•		_											
Birth weight:															
Apgar score:															
Neonatal Cond								las an	y relation had:	No	Yes		Relat	ion	
Length of Hosp									ant allergy						
Place of Birth:								- Hyperte							
Any difficulties								leart di							
OTHER HEALTH		•						Diabete							
hospitalizations a				.		, ,		Tubercu							
									sive disorder						
								/Jental i			П				
								Cancer							
									ained Early		ш				
									Before Age 50						
								Addition	nal Information:						
ALLERGIES::										TU	BERCUL		<u>s</u>	Reaction	n .
							_		Date		Type/Lo	ot No.	(mr	n Indura	
							— <u> </u>								
					Т		SCREEN	IING							
Type		<u> </u>	Hearing*			Vision	1		Development	al / Aç	ges and S	Stages C	uestionna	ire (AS	Q)
Date Type of Test															
Result															
*Note date if SC	H-2 rec	eived (6 i	months h	earing sc	reening):	I	-								
		_			LA	B SCRE	ENING TE	ESTS (IF DONE)						
Туре	Da	ate	Res	ult	Dat	е	Resu	ılt	Туре		Date	Cap	/Venous	Re	sult
Hct/Hgb									Lead						
Hct/Hgb IEM									Lead Lead						
Other									Lead						

RECORD OF IMMUNIZATION

Date	Date	Date	Date	Date	Date	Date
				Hepatitis B Serology:	Date:	Titer:
				Measles Serology	Date:	Titer:
				Mumps Serology	Date:	Titer:
				Rubella Serology	Date:	Titer:
				Varicella Serology/ Disease	Date:	Titer:
	Date	Date Date	Date Date Date	Date Date Date Date	Hepatitis B Serology: Measles Serology Mumps Serology Rubella Serology Varicella Serology/	Hepatitis B Serology: Measles Serology

ADDITIONAL NOTES

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