



DISTRICT OF COLUMBIA CHILD HEALTH CERTIFICATE

Part 1: Child's Personal Information

Parent/Guardian: Please complete Part 1 clearly and completely & sign Part 5 below.

Form for Part 1: Child's Personal Information, including fields for Child's Last Name, First & Middle Name, Date of Birth, Gender, Race/Ethnicity, Parent or Guardian Name, Telephone, Home Address, Ward, Emergency Contact, School or child care facility, and Primary Care Provider (PCP).

Part 2: Child's Health History, Examination & Recommendations.

Health Provider: Form must be fully completed.

Form for Part 2: Child's Health History, Examination & Recommendations, including fields for Date of Health Exam, Weight (WT), Length (LBS/KG), Height (HT), Blood Pressure (BP), Hemoglobin (HGB/HCT), and various health concerns like Dental-Oral Health, Asthma, Development, etc.

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, childcare, sports, or camp. NONE YES, please detail:

B. Significant allergies or health conditions that may require emergency medical care at school, childcare, camp, or sports activity. NONE YES, please detail:

C. Long-term Medications or special care requirements or accommodations.

NONE YES, please detail: (Please specify medication dosage/time/administration instructions and common side effects if given at school/child care)

This child has been appropriately examined & health history reviewed. At time of exam, this child is in satisfactory health to participate in all school, camp or childcare activities except as noted above. ATHLETE IS CLEARED FOR COMPETITIVE SPORTS: YES NO

Part 3: Immunization Information: (Please fill in or attach equivalent copy with provider signature and date)

Table for Part 3: Immunization Information, listing various vaccines like Diphtheria-Tetanus-Pertussis, Hib, Hepatitis B, Polio, MMR, etc., with columns for different dates (D1P/D1aP-1 to D1P/D1aP-5).

Part 4: Tuberculosis & Lead Exposure Risk Assessment & Testing If PPD Positive:

Form for Part 4: Tuberculosis & Lead Exposure Risk Assessment & Testing If PPD Positive, including fields for TB Exposure Risks, PPD Test Date, Lead Exposure Risks, Lead Test Date, and Results.

Part 5: Required Provider Certification and Signature

Form for Part 5: Required Provider Certification and Signature, including fields for Age-Appropriate Health Screening Requirements, Medical Exemption From Immunization, and Provider Signature/Date.

Part 6: Required Parental/Guardian Signatures. (Release of Health Information)

Form for Part 6: Required Parental/Guardian Signatures, including a permission statement and fields for Print Name, Signature, and Date.