## **Editable Form Instructions**

## **Electronic:**

This form is an Editable PDF and the required fields on the form can be filled in directly by just typing, using the Latest Version of Adobe Acrobat Reader. Also with the Latest Version of Adobe Acrobat Reader, you can sign the form electronically saving you time. You then could Email the entire form to MLEDP for convenience.

For Desktops and Laptops:

This form is most easily filled out on a desktop or laptop computer, but you can also use a mobile device, such as a smart phone or tablet, but you **MUST** install the **Mobile Version** of Adobe Acrobat Reader on your iOS, Android, or Windows device. *Go to your App Store to get the Mobile Version of Adobe Acrobat Reader.* 

Child Health Report Form (Parent Signature at the top of the form) You have the following options once the form is completed by you and a doctor:

- 1. **Scan as a PDF** file the SIGNED Child Health Report Form and **Email** it to MLEDP (You could use your smart phone and a PDF scanning app to accomplish this)
- 2. You can Print the form and Mail the Child Health Report Form to MLEDP
- 3. If you have a Child Health Report Form already on file with MLEDP, you don't have to do anything, except Check the box on the Final Checklist Section of the Registration Form indicating your Child Health Report form is already on file at MLEDP.

Mail to: MLEDP 250 Mt. Lebanon Blvd., Suite 414 Pittsburgh, PA 15234

Email to: Kids@MLEDP.org

Scroll Down to the Child Health Report Form below

## CHILD HEALTH REPORT

		(55 PA CODI	E §§3270.13	1, 3280.131	AND 3290.1	31)
CHILD'S NAME: FIRST LAST			PARENT/GUARDIAN:			
CHILD'S NAME: FIRST LAST   DATE OF BIRTH:   CHILD CARE FACILITY   Mt.   Lebanon   Extended   DATE OF BIRTH:   CHILD CARE FACILITY   Mt.   Lebanon   Extended   Date of Birth:   CHILD CARE FACILITY   Mt.   Lebanon   Extended   Date of Birth:   COUNTY:   Allegheny   I authorize the child care staff and my child's health professional to communicate of <b>PARENT SIGNATURE:</b>			PARENT/GL	JADIAN ADDRI	ESS: STREET - CITY - STATE - ZIP	
CHILD CARE FACILITY Mt. Lebar	on Extended	d Day P	rogram	-		
FACILITY PHONE: 412-343-16	61 <sup>°°</sup>	OUNTY: Alle	egheny	PARENT/GU	IARDIAN WOR	K PHONE:
□ I authorize the child care staff and	my child's health pro			irectly if need	ed to clarify in	nformation on this form about my child.
PARENT SIGNATURE:						
						child care facility needs a copy of the form.
□ NONE					5 Birtortool	
						EDICATION AND SPECIAL DIET, ALL MEDICATIONS A
CHILD RECEIVES SHOULD BE DOC						CAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSAR
□ NONE						
CHILD'S ALLERGIES (DESCRIBE, I	IF ANY):					
						TACH ADDITIONAL SHEETS IF NECESSARY TO
DESCRIBE THE PLAN FOR CARE T EQUIPMENT AND PROVISION FOR		OLLOWED F	OR THE CH	ILD, INCLUE	DING INDICA	ATION OF SPECIAL TRAINING REQUIRED FOR STAFF,
□ NONE						
COMMUNICABLE DISEASES?	HILD ABLE TO PAR	TICIPATE IN	I CHILD CAR	RE AND DOE	S THE CHIL	D APPEAR TO BE FREE FROM CONTAGIOUS OR
□ YES □ NO IF NO, PLEAS	E EXPLAIN YOUR A	ANSWER:				
HAS THE CHILD RECEIVED ALL AGE	APPROPRIATE	NOTE BEL	OW IF THE I	RESULTS OF	VISION, H	EARING OR LEAD SCREENINGS WERE ABNORMAL. IF
SCREENINGS LISTED IN THE ROUT HEALTH CARE SERVICES CURRENTL	THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD					
BY THE AMERICAN ACADEMY OF PE	CARE FACILITY.					
SCHEDULE AT <u>WWW.AAP.ORG</u> )	VISION (subjective until age 3)					
□ YES □ NO		HEARING (subjective until age 4)				
		LEAD				
RECORD DATES OF	FIMMUNIZATIO	NS BELOW	OR ATTACI	Н А РНОТС	COPY OF T	THE CHILD'S IMMUNIZATION RECORD
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
НІВ						
PNEUMOCOCCAL				1		
POLIO		1				
INFLUENZA						
MMR						
VARICELLA		1				
HEP-A		<u> </u>		<u> </u>		
MENINGOCOCCAL						
OTHER		1				

CD 51 09/08