

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

Child's Name (Last) _____ (First) _____		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

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	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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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 _____	

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care setting.

a. **If the child has a complex medical condition, a special care plan should be completed and attached.** Note any significant medical conditions or major surgical history.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care. (seizure, cardiac or asthma medications etc.) Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may likely require separate permissions slips for prescription and OTC medications.*

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

Screening - This section is required for school, WIC, Head Start and some other programs. This section may be optional for routine child care settings but can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF EPIDEMIOLOGY, ENVIRONMENTAL AND OCCUPATIONAL HEALTH
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HEATHER HOWARD
Commissioner

ION S. CORZINE
Governor

June 2009

Dear Colleague/Parent:

Effective September 1, 2008, four vaccines were added to the current rule on minimum immunization requirements for school attendance. Child care centers and preschools must now require proof of the pneumococcal conjugate vaccine series and an annual influenza vaccine. For sixth grade students, schools must now require proof of one dose of the meningococcal conjugate vaccine and one dose of the Tdap vaccine. The amended regulations in N.J.A.C. 8:57-4 state the following:

8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine

- (h) Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday.
- (i) Children entering or attending Grade Six on or after September 1, 2008, who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.
- (j) Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.

8:57-4.18 Pneumococcal conjugate vaccine

- (a) Every child two months through 11 months of age enrolling in or attending any licensed child care center or preschool facility on or after September 1, 2008, shall have received a minimum of two age-appropriate doses of pneumococcal conjugate vaccine (PCV), or fewer as medically-appropriate for the child's age according to the ACIP recommendations, incorporated herein by reference, as amended and supplemented.
- (b) Every child 12 months through 59 months of age enrolling in or attending a licensed child care center on or after September 1, 2008, shall have received at least one dose of PCV on or after their first birthday.
*Please note: Preschool was left out in the current rules that were published in the *New Jersey Register* on January 7, 2008. NJDHSS plans to correct the error in the upcoming rulemaking.

8:57-4.19 Influenza vaccine

Children six months through 59 months of age attending any licensed child care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

8:57-4.20 Meningococcal vaccine

- (a) Every child born on or after January 1, 1997, and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.

**Please note: This applies to students when they turn 11 years of age and attending Grade Six.*

- (b) Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of meningococcal vaccine.

8:57-4.23 Optimal immunization recommendations – 4 Day Grace Period

- (b) All vaccine doses included within, and mandated by, this subchapter that are administered less than or equal to four days before either the specified product label minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or licensed child care facility.

We encourage both private and Vaccines For Children (VFC) Program providers who provide care to commercially insured children to order enough vaccine to meet the higher demand anticipated due to the new vaccine requirements.

Schools are encouraged to send a notice home to parents informing them of these requirements to assure compliance at the beginning of the 2009-2010 school year.

To access N.J.A.C. 8:57-4 *Immunization for Pupils in School* which provides information on all vaccination requirements go to: <http://www.nj.gov/health/cd/chap14.pdf> An immunization guidance grid is also available on-line at <http://nj.gov/health/forms/imm-7.pdf>

As parents, you are your child's best advocate for a healthy and fun summer. Please remember to continue to teach your child good health habits that prevent the spread of illness:

- Wash your hands frequently
- Cover your mouth and nose when coughing or sneezing
- Stay home from gatherings (camps, daycare, parks, pools) when you have a fever for at least 7 days or 2 days after symptoms are over.

If you have any questions or need assistance, please call Vaccine Preventable Disease Program at (609) 588-7512.

Sincerely,



Christina Tan, MD
State Epidemiologist
Public Health Services Branch

Enclosure

cc: B. Montana
A. Sorrells-Washington
D. Sarecha
J. Sudhakaran

Response to Frequently Asked Questions

Preschool and Child care

Influenza:

In the 2009-2010 school year, all pupils aged 6-59 months must receive one dose of flu vaccine by December 31st. Pupils who are not in compliance by this due date must be excluded from school for the duration of influenza season (through March 31st) or until they receive at least one dose of the influenza vaccine.

Pupils enrolling after the December 31st deadline are still required to receive flu vaccine through March 31st. Upon enrolling, the pupil will have 2 weeks to show documentation of receiving one dose of flu vaccine. Pupils enrolling in school after March 31st are not required to get vaccinated, but since flu season may extend until May getting flu vaccine even late in the season is still protective. Pupils under the age of 9 who have never received flu vaccine are recommended to receive 2 doses given 6-10 weeks apart.

Information on the H1N1 Novel Influenza vaccine and its availability will be accessible on the Department of Health and Senior Services website at: <http://nj.gov/health/> in the near future. Please check the website periodically for updates. The Department will not require the receipt of the H1N1 Novel Influenza vaccine to meet the influenza mandate. Receipt of either the Seasonal Influenza vaccine or H1N1 Novel Influenza vaccine will be considered in compliance with the Influenza vaccine mandate.

Pneumococcal:

All pupils in licensed childcare or preschool facilities are required to receive age appropriate doses of pneumococcal vaccine. Pupils between the ages of 2-11 months will be required to receive a minimum of two age appropriate doses and pupils 12-59 months of age will be required to receive a minimum of one dose on or after the first birthday. Although, the regulations require minimum requirements, pneumococcal vaccination is a four dose series and it is recommended that all children in this age group receive the complete series for optimal protection.