

HEALTH DATA	CASE NUMBER
For use of this form see AR 608-1; the proponent agency is DCSPER.	

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 5, United States Code, Section 301.
PRINCIPAL PURPOSE:	To provide essential background information to develop a service plan for each child and family involved in the foster care delivery process.
ROUTINE USES:	(1) To identify problems the child/family is experiencing; (2) To select a foster home which can best meet the needs of the child; (3) To make long range plans for the child.
DISCLOSURE:	Providing information is voluntary. No adverse effect on the individual.

NAME OF CHILD	BIRTHDATE	DATE
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CHRONIC ILLNESS AND HANDICAPS

IMMUNIZATIONS			COMMUNICABLE AND CHILDHOOD DISEASES	
TYPE	DATE	WHERE GIVEN	TYPE	DATE
SMALL POX			MEASLES	
BOOSTER			MUMPS	
DPT 1ST			CHICKEN POX	
DPT 2ND			OTHER	
DPT 3RD				
SALK 1ST				
SALK 2ND				
SALK 3RD				
BCG				
OTHER				
			WEAR GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL TESTS	DATE	RESULT	WHERE GIVEN	
PATCH TEST				
PATCH TEST				
PPD				
PPD				
SCHICK				
STS				
OTHER				

OPERATIONS AND HOSPITALIZATION		
DATE	PLACE	NATURE OF ILLNESS