



CHILDHOOD HEALTH RECORD

Birth to 18 years

Name

YOUR CHILD'S CHECKUPS

Regular well-child and oral health checkups are very important for your child's health and development. This Childhood Health Record, along with the Lifetime Immunization Record, will help you keep track of important health information about your child.

Keep each section up to date so you'll have a useful and handy record of your child's health history. These records provide valuable information in an emergency and throughout your child's life. Keep them in a safe place at home and take them with you when you travel.

PREPARE FOR WELL-CHILD CHECKUPS

You will receive letters in the mail from the Department of Health with reminders to schedule checkups. They will also give you information about your child's growth and development, safety, nutrition, and recommended vaccines. Before each checkup, write down any questions you have about your child's health and development and take them with you. Be sure to ask if your child's immunizations are up-to-date.

Take this booklet and the Lifetime Immunization Record to your child's medical and dental visits.

You can also access your child's immunization records online at **wa.myir.net**.

BIRTH RECORD

Name _____

Date of Birth ___/___/___ Time _____

Weight ___lb. ___oz. Length _____

Place of Birth _____

City/State _____

Notes _____

HEALTH CHECKUPS

H = height H% = height percentile W = weight
W% = weight percentile HC = head circumference
BMI = body mass index BMI% = BMI percentile

1-2
weeks

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

1
month

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

2
months

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

4
months

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

The first oral health checkup is recommended by one year of age or within six months of the first tooth erupting. Talk to your dentist about preventing cavities with flouride and sealants.

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____

15
months

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

18
months

Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ H% _____ W _____ W% _____ HC _____

Notes _____

Injuries/Illnesses _____

2
years

The two-year checkup is a good time to be sure your child has had all recommended vaccines. Ask your doctor, nurse, or clinic about any vaccines your child may have missed. Some doctors will want to schedule a checkup at 2.5 years. This is a good time to talk about any development questions you have about your child. Ask your doctor or clinic if you should schedule a checkup at 2.5 years.

Health Checkup

Date _____ Doctor/Clinic _____

Address/Phone _____

H _____ W _____ HC _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Children vaccinated according to the recommended schedule will meet school entry requirements. You will need to provide a copy of your child's immunization record. Talk to your doctor, nurse, or clinic for more information. You can also access your family's immunization information online. Go to **wa.myir.net**.

Health Checkup Date_____

Doctor/Clinic_____

Address/Phone_____

H_____W_____BMI_____BMI%_____

Notes_____

Injuries/Illnesses_____

Oral Health Checkup Date_____

Dentist/Clinic_____

Address/Phone_____

Services Received_____

Notes_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____W_____BMI_____BMI%_____

Notes_____

Injuries/Illnesses_____

Oral Health Checkup Date_____

Dentist/Clinic_____

Address/Phone_____

Services Received_____

Notes_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____W_____BMI_____BMI%_____

Notes_____

Injuries/Illnesses_____

Oral Health Checkup Date_____

Dentist/Clinic_____

Address/Phone_____

Services Received_____

Notes_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____W_____BMI_____BMI%_____

Notes_____

Injuries/Illnesses_____

Oral Health Checkup Date_____

Dentist/Clinic_____

Address/Phone_____

Services Received_____

Notes_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____W_____BMI_____BMI%_____

Notes_____

Injuries/Illnesses_____

Oral Health Checkup Date_____

Dentist/Clinic_____

Address/Phone_____

Services Received_____

Notes_____



Health Checkup

Date_____

Doctor/Clinic_____

Address/Phone_____

H_____W_____BMI_____BMI%_____

Notes_____

Injuries/Illnesses_____

Oral Health Checkup Date_____

Dentist/Clinic_____

Address/Phone_____

Services Received_____

Notes_____



There are several vaccines recommended for your child at 11 to 12 years of age. Schedule a health checkup for your child at this age. You can also

ask about vaccines at a sports physical or other doctor visit.

Health Checkup Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Health Checkup

Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup

Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



If your child has had all recommended vaccines, they will meet immunization requirements for college, the military, and future employment.

Be sure to ask about additional travel immunizations your child may need.

Health Checkup Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____

Notes _____



Now that your child is 18, they can sign up for MyIR to get access to their immunization records online. Have your child visit **wa.myir.net**.

Health Checkup Date _____

Doctor/Clinic _____

Address/Phone _____

H _____ W _____ BMI _____ BMI% _____

Notes _____

Injuries/Illnesses _____

Oral Health Checkup Date _____

Dentist/Clinic _____

Address/Phone _____

Services Received _____


Notes _____


The logo for WithinReach features the word "WithinReach" in a sans-serif font. Above the letter "i" in "Within" is a semi-circle of small black dots.

Call the WithinReach Help Me Grow Washington
Hotline at **1-800-322-2588** (711 TTY relay)
or **www.ParentHelp123.org**



Watch Me Grow Washington is a program of
the Washington State Department of Health.

 Follow us on Facebook @WatchMeGrowWA

 Visit: www.watchmegrowwa.org

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers needing assistance,
please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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