

Summer Camp 2020

Grades K - 8

July 1, 2020 - August 14, 2020

Registration Deadline 6/15/2020



**SAVE
\$50**

Receive \$50 tuition credit
for referring a new student.

**5% OFF
SIBLINGS**

Sibling discount does
not apply to first child.
Immediate families only.

**\$10
OFF**

Every year your child
attends camp.

**SAVE \$85
Register by
3/31/2020**

**GROUP
DISCOUNT**
Group of 4 Families
Save \$40 off each
Student

GETTING AHEAD IN THE SUMMER

Kuei Luck Summer Day Camp is a day camp like no other. Our camp is both fun and enriching. Campers spend their mornings learning and preparing for the coming school year. Led by experienced licensed teachers, campers will be challenged on a daily basis to reach their fullest potential. Come fall, your children shall be well ahead of their peers.

IT'S NOT ALL WORK AND NO PLAY

In the afternoon, campers participate in fun activities that will expand their horizons. Campers will have the option of choosing traditional activities such as sports and crafts; however, campers may also participate in enriching activities such as Robotics and Writing.

CAMP LOCATION

Public School 173 Queens
174-10 67 Ave, Fresh Meadows, NY 11365

WE ALSO OFFER IN THE SUMMER

- Specialized High School Admissions Test Prep
- NEW SAT Test Prep

CAMP TUITION

Full Day (9:00am – 3:00pm)	\$1,800
Half-Day (9:00am – 12:00pm)	\$1,500
Registration Fee*	\$30
Textbooks/Materials Fee*	\$135

*Required fee for all campers

Extended hours available (7:30am – 6:00pm)
Limited transportation available

AFTERNOON ACTIVITIES

Arts & Crafts	Cooking	Hip Hop	Origami
Basketball	Fine Arts	Photography	Volleyball
Beading	Flag Football	Pixel Art	& MORE
Chess	Forensics	Pottery	
Chinese Yoyo	Game Design	Robotics	



**KUEI LUCK
SUMMER
— CAMP —**



www.kueiluck.com | 718.679.9908 | 195-05 69th Ave, Fresh Meadows, NY 11365

*This is not a school sponsored event. This School or School District is not responsible or liable for any problem or damages arising from participation in this activity.
This camp is licensed by the NYC Dept. of Health and Mental Hygiene and is inspected twice yearly.*

夏令 2020 幼儿园至八年

2020年 7月 1日 - 2020年 8月 14日
報名截止日期 2020年 6月 15日



推荐奖励
\$50

推荐每位新入学的学生, 推荐者会获得奖金\$50元 (转存到贵子第账户)

5%

折扣优惠

亲属折扣, 只限于同一家庭第二位小孩起

旧生每年
减免\$10

3月31日
前 报名可
省
\$85

团体折扣
4个家庭的团体
每个学生节省
\$40

充实在暑假

快乐教育中心夏令营是一个与众不同的夏令营。它集合了广泛的学习与兴趣培养。上午的课程具有相当大的挑战性。由执照的老师预授下一学年度的英文与数学。深度与宽度的学习能培养学生接受挑战并发挥最大潜力。秋后返校时不仅已预修下学年度的课业更可增加信心!

开心在暑假

下午夏令营有多项好玩益智的活动。每位学生可以选择2项参加, 不但可以增加视野并可以培养兴趣陶冶个性。让炎热的夏日活泼有趣。

夏令营校址

Public School 173 小學
174-10 67 Ave, Fresh Meadows, NY 11365

暑期其它服務項目

特殊高中(SHSAT)考试准备班
新SAT考试准备班

費用

全天(早上9點至下午3點)	\$1,800
半天(早上9點至中午12點)	\$1,500
報名費 *	\$30
書本教材 *	\$135

* 所有參加者需支付

延長照顧 7:30am - 6:00pm (額外收費)
可安排接送 (有區域限制並收費)

下午活動項目

美勞	烹飪	街舞	折紙
籃球	画画	摄影	排球
串珠	足球	像素艺术	& 更多
西洋棋	法医知识	陶器	
扯鈴	电脑游戏设计	机器人	



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该活动非由学校发起。因参加该活动发生的任何问题及损害, 本校及本校区盖不负责。
该夏令营获纽约市卫生局颁发的许可证, 并通过其每年两次的检查。



KUEI LUCK SUMMER CAMP 2020 REGISTRATION FORM

S

CAMPER BIOGRAPHICAL INFORMATION

STUDENT ID (OFFICE USE) _____

REG. REF (OFFICE USE) _____

DATE: _____

FIRST NAME: _____ LAST NAME: _____

AGE: _____ BIRTH DATE (MM/DD/YY): _____ / _____ / _____ GENDER (CIRCLE): M F

SCHOOL: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: (H) (____) ____ - _____ (W) (____) ____ - _____

(C) (____) ____ - _____

PARENT EMAIL ADDRESS: _____

CAMPER EDUCATION BACKGROUND

GRADE ATTENDING IN FALL 2020: _____ READING LEVEL: _____

DOES YOUR CHILD HAVE AN IEP (SELECT ONE): ☐ YES ☐ NO ☐ DECLINE TO ANSWER

IF YES, PLEASE SHARE WITH US THE SERVICES HE OR SHE RECEIVES SO WE CAN BEST SUPPORT YOUR CHILD:

G6-G8 ONLY - WHAT MATH IS YOUR CHILD CURRENTLY TAKING: ☐ PRE-ALGEBRA ☐ ALGEBRA ☐ GEOMETRY

EMERGENCY CONTACT INFORMATION (MUST BE A DIFFERENT CONTACT FROM ABOVE)

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: (H) (____) ____ - _____ (W) (____) ____ - _____

(C) (____) ____ - _____

PROGRAM

PLEASE CHECK ONE

HALF DAY (9:00AM – 12:00PM) _____

FULL DAY (9:00AM – 3:00PM) _____

☐ PRESAT (additional \$225 supplement)

OPTIONAL SERVICES (Additional Fees)

TRANSPORTATION:

MORNING PICKUP _____

AFTERNOON DROPOFF (☐ Long Island) _____

EXTENDED HOURS:

EARLY (7:30AM - 8:30AM) _____

LATE (3:00PM – 6:00PM) _____

SHIRT SIZE

Please circle your child's shirt size for camp shirt

Kids-XS Kids-S Kids-M Kids-L Kids-XL

Adult-S Adult-M Adult-L

PLACEMENT TEST DATE

Please circle the placement test date

5/3(SUN) | 5/10(SUN) | 5/17(SUN) | 5/23 (SAT) | 5/24(SUN)

5/31(SUN) | 6/4 (THURS) | 6/5 (For Afterschool Students Only)

KINDERGARTEN

NOTES: _____



KUEI LUCK SUMMER CAMP 2020 REGISTRATION FORM

ACCOUNTING (FOR OFFICE USE ONLY)

TUITION	\$1,500.00/\$1,800.00	+ _____
TEXTBOOKS/MATERIAL FEE	\$135.00	+ _____
REGISTRATION FEE	\$30.00	+ _____
EXTENDED HOURS	\$210.00(E)/\$525.00(L)	+ _____
ACTIVITY FEE		+ _____
BUS (ONE WAY)	\$300 (QN) / \$425 (LI)	+ _____
OTHER		+ _____
DISCOUNT		- _____
TOTAL		= _____

CHECK CASH

BANK: _____

CHECK NO: _____ CHECK AMT. _____

RECEIPT NO: _____

REGISTERED BY: _____

ENTERED BY: _____

REFERENCE NO: _____

NON-NEGOTIABLE TERMS AND CONDITIONS OF ENROLLMENT PARENT / GUARDIAN MUST SIGN THE BELOW

I hereby swear that I am the parent or legal guardian of the listed student above, a minor, and that I give consent to the listed student above to participate in Kuei Luck Enrichment Center (KLEC) and all its programs and activities. I understand that camp activities, in its nature, carry inherent risk of physical injuries. I understand that the listed student above will not be allowed to attend camp unless KLEC receives a medical form completed by a licensed medical professional. I understand that prior to the start of camp, one complimentary activity change will be allowed and that all changes thereafter will incur a fee. I also understand that morning class placement is strictly based on placement test scores. No retest or request for specific class placement will be honored. I understand the camp director reserves the right to dismiss a camper who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons or who appears to have rejected the reasonable expectations of the camp. I understand that if the student listed above is dismissed from KLEC that all fees and tuition assessed for camp are non-refundable. I understand and agree to pay a cash payment of \$25 as an administration fee for each check written to KLEC that is not honored. Your registration is not complete until a \$500 non-refundable payment is paid. To receive the early bird discount, full payment must be paid prior to the end date of the early bird discount. The referral discount will be credited after the new-referred student has made full payment of tuition. Current students attending other KLEC programs are not eligible for 'new-referred student' discount.

I grant KLEC the right to take and use photos and videos of the student listed above for promotional purposes. I hereby agree to reimburse KLEC for any property damage caused by the student listed above.

In the case of an emergency, I authorize the director or acting person in charge of KLEC as well the medical professional he or she selects to secure proper treatment, to make decisions regarding the emergency care or treatment for the student listed above. I hereby waive and release KLEC and its affiliates, The New York City Department of Education, Public School 173 Queens and/or its designees from any and all liability and costs associated with any accidents and emergency care. I further understand that I or my medical insurance carrier will be responsible for any medical expenses arising from said emergency or treatment. I hereby certify that I have listed all medical conditions and activity limitations accurately and truthfully on my child's medical form. I understand that all terms are non-negotiable.

In the event of any claim, controversy or dispute arising out of or relating to these Terms and Conditions of Enrollment, or the breach thereof, Kuei Luck Enrichment Center, Inc. shall be entitled to recover its reasonable attorneys' fees and costs if it prevails on all of the claims, or most of the claims asserted.

Refund Policy

- Prior to 4/30 – 80% of tuition less deposit
- Prior to 5/31 – 50% of tuition less deposit
- No refund after 6/1
- Students who are mandated by NYC DOE to go to summer school – 80% of tuition less deposit (must provide proof)
- A \$500 non-refundable deposit is required otherwise, your child's application will not be processed and may result in the loss of activity selection
- Full payment must be made prior to the end of early bird discount, otherwise discounts will be reversed.
- Textbook/material and registration fees are all non-refundable. (Activity supplement fee is non-refundable after summer camp starts)
- Only one activity change will be honored PRIOR to the start of camp; a \$30 fee will be assessed for all changes thereafter.
- No activity change AFTER camp starts.
- All refunds will take 2-4 weeks to process after a withdraw form is completed. Refunds, if applicable, will be provided in the form of a company check.
- In the event your child has a medical condition and cannot attend camp thereafter camp starts, a prorated tuition credit will be given less the \$500 non-refundable deposit, registration fee, and textbook/material fee provided a letter from a medical professional is submitted.
- Refund will not be provided in the event a medical form is not provided.
- Absolutely no refunds will be provided for the cost of transportation after 6/1.
- Complimentary refund of any add on services (transportation & extended hours) prior to 6/15. No refunds on any additional services (transportation & extended hours) after 6/15

KUEI LUCK ENRICHMENT CENTER IS LICENSED BY THE NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE AND IS INSPECTED TWICE YEARLY.

I HEREBY CERTIFY THAT I HAVE READ AND ACCEPTED ALL THE ABOVE CONDITIONS ABOVE AND THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE.

PARENT / GUARDIAN NAME _____

PARENT / GUARDIAN SIGNATURE _____



KUEI LUCK SUMMER CAMP 2020 ACTIVITY WORKSHEET

Student Name: _____

Grade (Fall 2020): _____

Directions

1. Select only one activity from each column – Mon/Wed and Tues/Thurs.
2. Activities are sorted by category.
3. Select activities that are grade appropriate. Please go by the grade your child will be entering in Fall 2020.

Activities Policies

1. **ABSOLUTELY NO ACTIVITY CHANGES ONCE CAMP STARTS.**
2. One complimentary change is permitted prior to the start of camp. A \$30 change fee will be assessed thereafter for each additional change.
3. All activity change request must be completed either via email or in person. NO activity changes will be honored over the phone.
4. Activities are on a first come first serve basis. Deposit must be paid to reserve.
5. No refunds will be issued for any campers removed from an activity due to bad behavior.
6. Campers must use equipment issued by camp only. Campers may not bring their own.

I have read and agreed to the terms and conditions above. Kuei Luck reserves the right to close any activities in the event there is insufficient enrollment. Activity fee will be refunded.

Parent Signature: _____

Visual Arts

Activities	Fees	Mon/Wed	Tues/Thurs
Arts and Crafts		<input type="checkbox"/> Lower (G1-G2)	<input type="checkbox"/> Lower (G1-G2)
Beading		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Origami		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Photography (Digital Camera Required)		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Pixel Art		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Lower (G1-G3)
Pixel Art		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
Pottery		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Sketching		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)

Performing Arts

Activities	Fees	Mon/Wed	Tues/Thurs
Ballet		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Hip Hop		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Lower (G1-G3)
Hip Hop		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
K-Pop		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Modern Dance		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)

Active

Activities	Fees	Mon/Wed	Tues/Thurs
Basketball		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Chinese Yo-Yo	\$35	<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Lower (G1-G3)
Chinese Yo-Yo	\$35	<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
European Handball		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
Flag Football		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Gaga Ball		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Soccer		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Survival Skill		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Taekwondo		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Volleyball		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)

Educational

Activities	Fees	Mon/Wed	Tues/Thurs
Chess		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Lower (G1-G3)
Chess		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
Coding	\$75	<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
Cooking		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Forensics		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Game Design (Laptop Required)	\$75	<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)
Junior Engineers		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G1-G3)
Robotics	\$75	<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Lower (G1-G3)
Robotics	\$75	<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Upper (G4 +)

(For Office Use Only)

Date: _____

Select one

☐ New

☐ Change (Complete below) Occurrence _____
Previous Activity _____

Activity Fee Calculation

Previous Activity Fee - _____
New Activity Fee + _____
Change Fee (\$30) + _____
Fee Difference = _____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION					Please Print Clearly		NYC ID (OSIS)													
TO BE COMPLETED BY THE PARENT OR GUARDIAN																				
Child's Last Name					First Name					Middle Name					Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month/Day/Year) ____/____/____			
Child's Address										Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____								
City/Borough				State		Zip Code			School/Center/Camp Name					District Number _____		Phone Numbers Home _____ Cell _____ Work _____				
Health insurance <input type="checkbox"/> Yes (including Medicaid)? <input type="checkbox"/> No				<input type="checkbox"/> Parent/Guardian Last Name <input type="checkbox"/> Foster Parent				First Name				Email								
TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER																				
Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____ Attach MAF if in-school medications needed										Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): Asthma Control Status <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability Explain all checked items above. <input type="checkbox"/> Intermittent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Well-controlled <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ Addendum attached. <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Other Controller <input type="checkbox"/> None Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ _____ _____										
PHYSICAL EXAM Date of Exam: ____/____/____					General Appearance: <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Weight <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> BMI <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine Describe abnormalities:															
DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____ Describe Suspected Delay or Concern:					Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) SCREENING TESTS Date Done Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Child Care Only Hemoglobin or Hematocrit _____ g/dL _____ %					Hearing Date Done Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred Vision Date Done Results <3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) ____/____/____ Right ____/____/____ Left ____/____/____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No										
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No CIR Number _____										Physician Confirmed History of Varicella Infection <input type="checkbox"/> Report only positive immunity: IgG Titers Date Hepatitis B ____/____/____ Measles ____/____/____ Mumps ____/____/____ Rubella ____/____/____ Varicella ____/____/____ Polio 1 ____/____/____ Polio 2 ____/____/____ Polio 3 ____/____/____										
IMMUNIZATIONS – DATES DTP/DTaP/DT ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ Tdap ____/____/____ ____/____/____ Td ____/____/____ ____/____/____ ____/____/____ ____/____/____ MMR ____/____/____ ____/____/____ ____/____/____ Polio ____/____/____ ____/____/____ ____/____/____ ____/____/____ Varicella ____/____/____ ____/____/____ ____/____/____ Hep B ____/____/____ ____/____/____ ____/____/____ ____/____/____ Mening ACWY ____/____/____ ____/____/____ ____/____/____ Hib ____/____/____ ____/____/____ ____/____/____ ____/____/____ Hep A ____/____/____ ____/____/____ ____/____/____ PCV ____/____/____ ____/____/____ ____/____/____ ____/____/____ Rotavirus ____/____/____ ____/____/____ ____/____/____ Influenza ____/____/____ ____/____/____ ____/____/____ ____/____/____ Mening B ____/____/____ ____/____/____ ____/____/____ HPV ____/____/____ ____/____/____ ____/____/____ ____/____/____ Other ____/____/____ ____/____/____ ____/____/____																				
ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____					RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____															
Health Care Practitioner Signature										Date Form Completed ____/____/____				DOHMH ONLY PRACTITIONER I.D. _____						
Health Care Practitioner Name and Degree (print)								Practitioner License No. and State						TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments:						
Facility Name								National Provider Identifier (NPI)						Date Reviewed: ____/____/____ I.D. NUMBER ____/____/____						
Address								City						State Zip						
Telephone				Fax				Email				REVIEWER: _____								
FORM ID#				____/____/____																