

Summer Camp 2019 Grades K - 8

July 1, 2019 - August 16, 2019



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

****Registration Deadline 6/15/2019****

**\$10 OFF
EVERY YEAR
YOUR CHILD
ATTENDS
CAMP**

WE ALSO OFFER IN THE SUMMER

Specialized High School Admissions Test Prep

&

NEW SAT Test Prep

Camp Tuition

Full Day (9:00am - 3:00pm) \$1,775

Half-Day (9:00am - 12:00pm) \$1,440

Registration Fee * \$30

Textbooks/Materials Fee * \$135

* Required fee for all campers

Extended Hours Available (7:30 am - 6:00pm)

Limited Transportation Available

**REGISTER
BY 3/31
\$50 OFF**

SAVE \$65

Receive \$65 tuition credit for referring a new student.



Afternoon Activities

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



5% off Siblings

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

kuei luck enrichment center

718.679.9908

www.kueiluck.com

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.

夏令營

2019

幼兒園至八年

2019年 7月 1日 - 2019年 8月 16日



充實在暑假

快樂教育中心夏令營是一個與眾不同的夏令營。它集合了廣泛的學習與興趣培養。上午的課程具有相當大的挑戰性。由執照的老師預授下一學年度的英文與數學。深度與寬度的學習能培養學生接受挑戰並發揮最大潛力。秋後返校時不僅已預修下學年度的課業更可增加信心!

開心在暑假

下午夏令營有多項好玩益智的活動。每位學生可以選擇2項參加，不但可以增加視野並可以培養興趣陶冶個性。讓炎熱的夏日活潑有趣。

夏令營校址

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

報名截止日期 2019年 6月 15日
夏令營許可證取得紐約市衛生局一年兩次合格檢驗

暑期其它服務項目

特殊高中(SHSAT)考試準備班
新SAT考試準備班

快樂教育中心

718.679.9908

www.kueiluck.com

195-05 69th Ave, Fresh Meadows, NY 11365

該活動非由學校發起。因參加該活動發生的任何問題及損害，本校及本校区蓋不負責。
該夏令營獲紐約市衛生局頒發的許可證，並通過其每年兩次的檢查。

費用

全天(早上9點至下午3點)	\$1,775
半天(早上9點至中午12點)	\$1,440
報名費 *	\$30
書本教材 *	\$135
* 所有參加者需支付	
可安排接送 (有區域限制並收費)	
有延長照顧 - 7:30am - 6:00pm (額外收費)	

3/31以前
報名可省
\$50



同一家庭小孩
享有 5% 折扣優惠

亲属折扣，只限于同一家庭第二位小孩起

下午活動項目

芭蕾舞	攝影	籃球	足球	民族舞蹈
遊戲設計	烹飪	串珠	街舞	畫畫
摺紙	排球	西洋棋	陶器	現代舞
編碼	美勞	扯鈴	機器人	等等...

推荐奖励\$65!

推荐每位新入学的学生，推荐者会获得
奖金\$65元 (转存到贵子第账户)





KUEI LUCK SUMMER CAMP 2019 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 2019: _____ 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) _____

 PRESATS (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

5/5(SUN) | 5/12(SUN) | 5/19(SUN) | 5/25 (SAT) | 5/26(SUN)

6/2(SUN) | 6/6 (THURS) | 6/7 (For Afterschool Students Only)

KINDERGARTEN

NOTES: _____



KUEI LUCK SUMMER CAMP 2019 REGISTRATION FORM

ACCOUNTING (FOR OFFICE USE ONLY)

TUITION	\$1,440.00/\$1,775.00	+ _____
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.

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 2019

ACTIVITY WORKSHEET

Student Name: _____

Grade (Fall 2019): _____

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 2019.

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"/> Lower (G1-G3)
Beading		<input type="checkbox"/> Upper (G4 +)	<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 checked="" type="checkbox"/> Upper (G4 +)
Pottery		<input checked="" 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)
Chinese Dance		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
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 +)
Modern Dance		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
Theater		<input type="checkbox"/> Upper (G4 +)	<input type="checkbox"/> Lower (G2&3)

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 checked="" 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 +)
Taekwando		<input type="checkbox"/> Lower (G1-G3)	<input type="checkbox"/> Upper (G4 +)
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 checked="" 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 _____	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"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <input type="checkbox"/> Well-controlled <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.	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 <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Language <input type="checkbox"/> Behavioral	<input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs <input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Abdomen <input type="checkbox"/> Genitourinary <input type="checkbox"/> Extremities	<input type="checkbox"/> Skin <input type="checkbox"/> Neurological <input type="checkbox"/> Back/spine
Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____	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: _____	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)	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
Describe Suspected Delay or Concern: _____	Lead Risk Assessment (annually, age 6 mo-6 yrs) _____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	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	Child Care Only Hemoglobin or Hematocrit _____ g/dL _____ %	Report only positive immunity: IgG Titers Date Hepatitis B _____/_____ Measles _____/_____ Mumps _____/_____ Rubella _____/_____ Varicella _____/_____ Polio 1 _____/_____ Polio 2 _____/_____ Polio 3 _____/_____	

CIR Number _____	Physician Confirmed History of Varicella Infection <input type="checkbox"/>	Report only positive immunity:
IMMUNIZATIONS - DATES		
DTP/DTaP/DT _____	Tdap _____	Hepatitis B _____/_____ Measles _____/_____ Mumps _____/_____ Rubella _____/_____ Varicella _____/_____ Polio 1 _____/_____ Polio 2 _____/_____ Polio 3 _____/_____
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# _____