

Children's Environmental Health Record – "Green Page"

I. Demographics

Clinic information	Patient information		Environment		
Visit date	Birthdate		Select one: Rural Urban Peri-Urban		
			Comments:		
Clinic	Sex	Gender	School: Yes No		
			Grade:		
Health Care Provider	Primary address		Other activities:		
Tests/interventions					
	Guardian		Work: Yes No		
			Type:		
<u>. </u>		<u> </u>			

II. Exposure history

Does the mother/care giver express concerns about the environment? Which ones? Why?
Are there any well-known environmental risk factors in the area? Which ones?
Mother's and father's occupation
Is there overcrowding? (more than 3 people / standard room)
Are there pet animals at home and in the surroundings? Which ones?
Are there vectors of disease? Which ones?
Has the child suffered traffic-related injuries? Describe
Has the child suffered fire-related injuries or other? Describe
Has the child been exposed to chemical incidents? Describe
Has the child had poisoning due to chemicals and/or food poisoning? Describe
Is there exposure to venomous/poisonous animals?
Is there exposure to extreme temperatures? Describe
Observations (other relevant information)

III. Environmental exposure ratings

"ABC" OF ENVIRONMEN CONDITIONS	TAL	Home	School or Centre	Recreation area	Workplace	Community
BUILT ENVIRONMENT A. Excellent – B. Average – C. Precarious						
GEOGRAPHICAL AREA A. Low risk, B. Medium risk, C. High risk						
AIR	Indoor					

A. Clean, B. Average C. Contaminated	Outdoor			
WATER A. Potable, B. Average, C. Contaminated	Drinking			
	Other uses			
SOIL/FLOOR A. Adequate – B. Average – C. Inadequate				
SEWAGE DISPOSAL A. Adequate – B. Uncertain – C. Inadequate				
WASTE DISPOSAL A. Adequate – B. Average – C. Inadequate				
NOISE A. Low – B. Medium – C. High				
CHEMICAL EXPOSURE A. Low risk – B. Moderate risk – C. High risk				
TRAFFIC A. Low – B. Moderate – C. Intense				

IV. Public Services

PUBLIC SERVICES AVAILABLE:	HOUSING	SCHOOL	COMMUNITY
ELECTRICITY			
COMMUNICATION (PHONE, RADIO, OTHER)			
WASTE COLLECTION			
FINAL WASTE DISPOSAL			
PUBLIC TRANSPORTATION			
PUBLIC LIGHTING			
HEALTH CARE CENTRE			
EXCRETA TREATMENT PLANT			
SEWAGE SYSTEM			
WATER SUPPLY			

Date:	
	Date: