PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

	A - PARENT'S							
(NAME OF CHILD)	, born	(BIR	ГН DATE)		_ is being	g studied f	or readine	ss to ente
	Thi	s Child Care Cente	er/School prov	vides a pr	rogram w	hich exter	nds from	
(NAME OF CHILD CARE CENTER/SCHOOL	-)				- g		.400	
m./p.m. to a.m./p.m. ,								
ease provide a report on above-named port to the above-named Child Care C	d child using the t center.	orm below. I herel	y authorize r	release o	f medica	l informati	on contain	ed in this
	(SIGNATURE OF	PARENT, GUARDIAN, OR	CHILD'S AUTHORIZ	ZED REPRES	SENTATIVE)		(TODA	Y'S DATE)
PART B -	- PHYSICIAN'S	S REPORT (TO	BE COMPLE	ETED BY	PHYSIC	IAN)		
roblems of which you should be aware:								
earing:		A	llergies: medicine) :				-
sion:		Ir	sect stings:					
evelopmental:		F	ood:					
inguage/Speech:		A	sthma:					
ental:								
	S/RESTRICTIONS FO	OR THIS CHILD:						
EDICATION PRESCRIBED/SPECIAL ROUTINES		e California Im				-298.)		
EDICATION PRESCRIBED/SPECIAL ROUTINES	l out or enclos	e California Im	E EACH DO	SE WAS	GIVEN		5	th
EDICATION PRESCRIBED/SPECIAL ROUTINES MMUNIZATION HISTORY: (Fill VACCINE		e California Im		SE WAS			5	th /
WMUNIZATION HISTORY: (Fill VACCINE DLIO (OPV OR IPV) TP/DTaP/ (DIPHTHERIA, TETANUS AND JACELLULAR) PERTUSSIS OR TETANUS	l out or enclos	e California Im	E EACH DO	SE WAS	GIVEN		5 /	th /
WACCINE VACCINE DLIO (OPV OR IPV) TP/DTap/ (DIPHTHERIA, TETANUS AND (ACCILULAR) PERTUSSIS OR TETANUS AND (ACCILULAR) PERTUSSIS OR TETANUS AND (MEASLES, MUMPS, AND RUBELLA)	l out or enclos	e California Im	E EACH DO	SE WAS	GIVEN		5 /	th /
VACCINE P/DTap/ (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	l out or enclos	e California Im	E EACH DO	SE WAS	GIVEN		5 /	th /
VACCINE UID (OPV OR IPV) TP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) MR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B)	l out or enclos	e California Im	E EACH DO	SE WAS	GIVEN		5 /	th /
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VACCINE VACCINE DLIO (OPV OR IPV) P/D/Tap/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND INTERPORT (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B) EPATITIS B IRICELLA (CHICKENPOX) SCREENING OF TB RISK FACTOR	1st / / / / / / / / / / / / RS (listing on reve	e California Im DAT 2nd / / / / / / / / / / / / / rse side)	FE EACH DO	/ / / / / / / / / / / / / / / / / / /	4t / / /		/	th /
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CLIO (OPV OR IPV) ITP/DTaP/ [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) MR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B) EPATITIS B ARICELLA (CHICKENPOX) SCREENING OF TB RISK FACTOR Risk factors not present; TB s Risk factors present; Mantoux previous positive skin test doo Communicable TB diseas	1st / / / / / / / / / / / / / / RS (listing on revekin test not require TB skin test performented). se not present. reviewed the	e California Im DAT 2nd / / / / / / / / / / / see side) ed. primed (unless above information Date Date	E EACH DO	pse was / / / Doctor, int/guardia	/Clinic S	th / / /	/ / equired	/