## PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

		CONSE	AI (IOI	SE COMP	LEIEDI	BY PARENT	)			
(NAME OF CHILD)	, born		(BIRTH	DATE)		is being	studied	d for rea	adines	s to ente
(10.00.2)	This	Child Car			ovides a	program w	hich avt	ande fr	\m	•
(NAME OF CHILD CARE CENTER/SCHOOL)		o Oring Oai	e oemei	ochool pi	Ovides a	program w	INCIT CXL	ends ne	,,,,	
a.m./p.m. to a.m./p.m. ,	days a week.									
Please provide a report on above-named report to the above-named Child Care Co		orm below	. I hereby	authorize	e release	of medical	informa	ation co	ntaine	ed in this
	(SIGNATURE OF	PARENT, GUAF	DIAN, OR C	HILD'S AUTHO	RIZED REP	RESENTATIVE)		-	(TODA)	'S DATE)
PART B -	PHYSICIAN'S	REPOR	RT (TO E	BE COMP	LETED E	BY PHYSIC	IAN)			
Problems of which you should be aware:						- 1/1/00	9			
Hearing:			Alle	ergies: medic	ine:					
Vision:		21	ins	ect stings:			-	•	7-0-0-0	
Developmental:		<u> </u>	foo	d:		- N-			- Luni	
Language/Speech:			ast	hma:						
			oth	er:						
Other (Include behavioral concerns):										
Comments/Explanations:										
and the second s										
IMMUNIZATION HISTORY: (Fill	out or enclos	e Califoi	2				-298.)			
IMMUNIZATION HISTORY: (Fill			DAT	E EACH I	OOSE W	AS GIVEN	~~~		5	th
VACCINE	out or enclos	e Califor	DAT	E EACH I			~~~		51	th
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS			DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/  [OPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  (MEASI ES, MIMPS, AND RIBELLA)			DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND IACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)			DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND			DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B			DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)	1st / / / / / / / / / /	2n / / / / /	DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND IACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR	1st / / / / / / / / / / / / / / / SS (listing on reve	2n / / / / / / rse side)	DAT	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  RISK factors not present; TB s	1st / / / / / / / / / / / / / ss (listing on reve	2n / / / / / / srse side) ed.	DAT d / / / / / /	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB s	1st / / / / / / / / / / / / / / SS (listing on reve	2n / / / / / / srse side) ed.	DAT d / / / / / /	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  RISK factors not present; TB s	1st / / / / / / / / / / / / RS (listing on reve kin test not requine tata TB skin test perfectumented).	2n / / / / / / srse side) ed.	DAT d / / / / / /	E EACH I	OOSE W	AS GIVEN	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc  Communicable TB diseas	1st / / / / / / / / / / / / RS (listing on reve kin test not requine tata TB skin test perfectumented).	2n / / / / / rse side) ed. prmed (unl	DAT d / / / / / ess	3    /   /   /	POSE W	AS GIVEN  41  /	~~~		51	th /
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc Communicable TB diseas  I have have not  Physician:	1st / / / / / / / / / / / / / / RS (listing on reve kin test not require TB skin test perfect cumented). Se not present. reviewed the	/ / / / / rise side) ed. primed (unlike)	DAT  d / / / / / ess	vith the pa	rent/gua	AS GIVEN  41  /  /  rdian.	:h / / /		/	/
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PENTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc Communicable TB diseas  I have have not Physician:  Address:	1st / / / / / / / / / / / / RS (listing on reve kin test not require TB skin test perfect cumented). Se not present. reviewed the	/ / / / / rise side) ed. primed (unlike)	DAT d / / / / / mation v Date	vith the pa	rent/gual	AS GIVEN  41  /  /  rdian.	:h / / /		/	/
VACCINE  POLIO (OPV OR IPV)  DTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PEHTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  HIB MENINGITIS (HAEMOPHILUS B)  HEPATITIS B  VARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc Communicable TB diseas	1st / / / / / / / / / / / / RS (listing on reve kin test not require TB skin test perfect cumented). Se not present. reviewed the	/ / / / / rise side) ed. primed (unlike)	DAT  d / / / / / / mation v Date Date Signa	vith the pa	rent/gual	AS GIVEN  41  /  /  rdian.	:h / / /		/	/