## PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

		CONSENT (10	BE COMPLETED	BY PARENT)		
(NAME OF CHILD)	, born	n	'H DATE)	is being studied	for readines	ss to en
	Th			a program which exter	nde from	
(NAME OF CHILD CARE CENTER/SCHOO	DL)	is offind date defite	nochool provides a	program which exter	ilus ilolii	
a.m./p.m. to a.m./p.m. ,	days a week.					
Please provide a report on above-name report to the above-named Child Care (	ed child using the Center.	form below. I hereb	y authorize releaso	e of medical informat	ion containe	ed in this
	(SIGNATURE OF	PARENT, GUARDIAN, OR C	CHILD'S AUTHORIZED REP	RESENTATIVE)	(TODA)	Y'S DATE)
PART B -	- PHYSICIAN'	S REPORT (TO	BE COMPLETED I	BY PHYSICIAN)		
Problems of which you should be aware:						
Hearing:		All	ergies: medicine:			
Vision:		Ins	ect stings:			
Developmental:		Fo	od:	20 - 74 M 4 - 1 - 1 - 1		
Language/Speech:		As	thma:	200		
Dental:						
Other (Include behavioral concerns):						
Comments/Explanations:						
MEDICATION PRESCRIBED/SPECIAL ROUTINE	S/RESTRICTIONS FO	OR THIS CHILD:				
MMUNIZATION HISTORY: (Fill	out or enclos	e California Imr	nunization Rec	ord, PM-298.)		-
MMUNIZATION HISTORY: (Fill	out or enclos			•		-
MMUNIZATION HISTORY: (Fill		DATI	E EACH DOSE W	AS GIVEN		
VACCINE	out or enclos			•	5ti	h ,
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS	1st / /	2nd / /	E EACH DOSE W	AS GIVEN	5ti	h /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)		DATI	E EACH DOSE W	AS GIVEN	<b>5ti</b> /	h /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)	1st / /	2nd / /	E EACH DOSE W	AS GIVEN	<b>5ti</b> /	h /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)	1st / /	2nd / /	E EACH DOSE W	AS GIVEN	5ti / /	n /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)	1st / /	2nd / /	E EACH DOSE W	AS GIVEN	<b>5ti</b> /	h /
VACCINE  POLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B	1st / /	2nd / /	E EACH DOSE W	AS GIVEN	5ti / /	n /
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)  IIB MENINGITIS (HAEMOPHILUS B)	1st / / / / / / / / / / / / / / / / / / /	/ / / / / / / / / /	E EACH DOSE W	AS GIVEN	5ti / /	h /
VACCINE  OLIO (OPV OR IPV)  OTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)	1st / / / / / / / / / / / / / / / / / / /	DATI	E EACH DOSE W	AS GIVEN	5ti / /	h /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sk	1st / / / / / / / / / / / / / / / ss (listing on rever	DATI	E EACH DOSE W	AS GIVEN	5ti / /	h /
VACCINE  OLIO (OPV OR IPV)  OTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOF  Risk factors not present; TB sk	1st / / / / / / / / / / / / / / / / / SS (listing on reversion test not required) TB skin test perform	DATI	E EACH DOSE W	AS GIVEN	5ti / /	h /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sk	1st / / / / / / / / / / / / / / / SS (listing on reversion test not required)	DATI	E EACH DOSE W	AS GIVEN	5ti / /	h /
VACCINE  POLIO (OPV OR IPV)  OTP/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IMR (MEASLES, MUMPS, AND RUBELLA)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOF  Risk factors not present; TB sk  Risk factors present; Mantoux previous positive skin test docu Communicable TB diseas	1st / / / / / / / / / / / / / / RS (listing on reversion test not required) TB skin test performented). e not present.	DATI	3rd / / / / / / / / / / / / / / / / / / /	4th / / / / / / / / / / / / / / / / / / /	5ti /	h /
VACCINE  OLIO (OPV OR IPV)  TP/DTaP/ (ACELLULAR) PERTUSSIS OR TETANUS AND IACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IB MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOF  Risk factors not present; TB start factors present; Mantoux previous positive skin test doc Communicable TB diseas  have have not have not	1st / / / / / / / / / / / / / / RS (listing on reversion test not required). e not present.  reviewed the a	PATION PROPERTY OF THE PROPERT	The interest of the parent/guard for Physical Exam:	4th / / / / / / / / / / / / / / / / / / /	/	/
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)  IIB MENINGITIS (HAEMOPHILUS B)  IEPATITIS B  CARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sł  Risk factors present; Mantoux previous positive skin test doc  Communicable TB diseas	1st / / / / / / / / / / / / / / RS (listing on reversion test not required). TB skin test performented). The not present.  reviewed the assertion of the second contents of the second	PATI  2nd / / / / / / / / / / / / / / / / /rse side) ed.  above information with the companion with the comp	th the parent/guard	4th / / / / / / / / / / / / / / / / / / /	/	/

LIC 701 (8/08) (Confidential)