PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

(CHIED'S FRE-ADMISSION HEA						
PART A	A - PARENT'S	CONSENT (TO	BE COMPLETED B	Y PARENT)		
(NAME OF CHILD)	, born is being studied for readiness to enter					
	. This	Child Care Cente	r/School provides a i	orogram which exten	ds from :	
(NAME OF CHILD CARE CENTER/SCHOOL	_)			3		
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 C		orm below. I hereb	y authorize release	of medical information	on contained in this	
(S	IGNATURE OF PARENT/DO	DMESTIC PARTNER,GUAF	RDIAN, OR CHILD'S AUTHORI	ZED REPRESENTATIVE)	(TODAY'S DATE)	
PART B -	- PHYSICIAN'S	REPORT (TO	BE COMPLETED B	Y PHYSICIAN)		
Problems of which you should be aware:						
Hearing:	Allergies: medicine:					
Vision:	Insect stings:					
Developmental:	Food:					
Language/Speech:	Asthma:					
Dental:						
Other (Include behavioral concerns):						
Comments/Explanations:						
MEDICATION PRESCRIBED/SPECIAL ROUTINE	S/RESTRICTIONS FO	R THIS CHILD:				
			munication Dec	and DM 000 \		
IMMUNIZATION HISTORY: (Fil	out or enclos	e Camornia im	munization Rec	ora, PIVI-298.)		
VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	
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 FACTO Risk factors not present; TB s Risk factors present; Mantous previous positive skin test do Communicable TB disea	skin test not require x TB skin test perfo cumented). se not present.	ed. ormed (unless				
I have \(\square\) have not \(\square\)	reviewed the a	above information	with the parent/guard	lian.		
Physician:						
Address:			Date This Form Completed:Signature			
		_		ysician's Assistant		

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RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

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