PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A	A – PARENT'S	CONSENT (TO	BE COMPLET	TED BY PAI	RENT)		
		(BIRT			•	d for readiness to enter	
(NAME OF CHILD)							
(NAME OF CHILD CARE CENTER/SCHOO	This	Child Care Cente	r/School provid	des a progra	m which ext	ends from:	
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 (orm below. I hereb	y authorize rel	ease of me	dical informa	ation contained in this	
(SIGNATURE OF PARENT, GUARD			DIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)				
PART B	– PHYSICIAN'S	REPORT (TO	BE COMPLET	ED BY PH	(SICIAN)		
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 ROUTINI	ES/RESTRICTIONS FO	R THIS CHILD:					
IMMUNIZATION HISTORY: (Fi	ll out or enclose	California Im	munization	Record	PM-208)		
immortization filototti. (11	ii out or cholose	, oamorna mi	mamzadon	riccora, i	W 200.)		
VACCINE		DATE EACH DOSE WAS GIVEN					
POLIO (OPV OR IPV)	1st	<u>2nd</u>	3rd		4th	5th	
DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS	/ /	1 1	1 1		1 1	/ /	
DT/Td AND DIPHTHERIA ONLY) MAAD (MEASLES, MUMPS, AND RUBELLA)	/ /	/	1 1		1 1	1 1	
MMR (REQUIRED FOR CHILD CARE ONLY)	/ /	1 1	/ /		/ /		
HIB MENINGITIS (HAEMOPHILUS B)	/ /	1 1	1 1		1 1		
HEPATITIS B	/ /	1 1	/ /				
VARICELLA (CHICKENPOX)	/ /	/ /	<u> </u>				
SCREENING OF TB RISK FACTO		· I					
Risk factors not present; TB	skin test not require	a.					
Risk factors present; Mantou	•	rmed (unless					
previous positive skin test do Communicable TB disea							
I have ☐ have not ☐	reviewed the a	bove information v	with the parent	/guardian.			
Physician:	Date of Physical Exam:						
Address:			Date This Form Completed:Signature				
		_	Physician	_	n's Assistan		

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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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