PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART	A – PARENT'S	CONSENT (TO	BE COMPLET	ED BY PAREN	IT)			
					is being studied for readiness to enter			
(NAME OF CHILD)								
(NAME OF CHILD CARE CENTER/SCHOO	This	Child Care Cente	r/School provid	es a program v	vhich exte	nds 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 rele	ease of medica	al informat	tion containe	d in this	
	(SIGNATURE OF I	PARENT, GUARDIAN, OR C	CHILD'S AUTHORIZED	REPRESENTATIVE)	·	(TODAY	"S DATE)	
PART B	– PHYSICIAN'S	REPORT (TO	BE COMPLET	ED BY PHYSIC	CIAN)			
Problems of which you should be aware:								
Hearing:	Allergies: medicine:							
Vision:	Insect stings:							
Developmental:		Fo	ood:					
Language/Speech:		As	sthma:					
Dental:								
Other (Include behavioral concerns):								
Comments/Explanations:								
MEDICATION PRESCRIBED/SPECIAL ROUTINI			munization	Record PM	-208 \			
TIMINOTAL ATTOCK THE TOTAL. (17)	Fill out or enclose California Immunization Record, PM-298.) DATE EACH DOSE WAS GIVEN							
VACCINE	1st	2nd	3rd		4th 5th			
POLIO (OPV OR IPV)	/ /	/ /	/ /	/	/	/	/	
DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS DT/Td 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	ORS (listing on rever	rse side)	<u>- </u>					
☐ Risk factors not present; TB	skin test not require	ed.						
☐ Risk factors present; Mantou	ıx TB skin test perfo	rmed (unless						
previous positive skin test do Communicable TB disea	ocumented).	(
I have have not	reviewed the a	above information	with the parent/	guardian.				
Physician:Address:			Date of Physical Exam: Date This Form Completed: Signature					
			Physician [Dhysician's	Assistant	Nurse	Practitioner	

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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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