

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

PART A-PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____ born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. _____ days a week

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B-PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

problems of which you should be aware:

Hearing: _____ Allergies : :medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ food: _____

Language/Speech: _____ asthma: _____

_____ other: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTap/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR]PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /			
HIB MENINGITIS (HEAMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B (NOT REQUIRED)	/ /	/ /	/ /		
VARICELLA (CHICHENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; **Mantoux TB skin test performed (unless previous positive skin test documented).**

____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner