PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

		LIKI O	CONS	ENI (TO BE	COM	PLETED	BY PARE	(T)		
(NAME OF CHILD)		, born			BIRTH DA	ΓE)		is bein	g studied	for readines	ss to ente
(NAME OF CHILD CARE CENTER/SCHOOL		This	S Child C	are Ce	enter/So	chool p	rovides a	a program v	which exte	nds from _	
										_	
.m./p.m. to a.m./p.m. ,											
lease provide a report on above-name sport to the above-named Child Care C	d child us Senter.	sing the f	orm belo	w. I he	reby a	uthoriz	e releas	e of medica	al informat	tion containe	ed in this
	(SIG	NATURE OF	PARENT, GU	ARDIAN,	OR CHILD	'S AUTH	ORIZED REP	RESENTATIVE)		(TODA	Y'S DATE)
PART B -	- PHYS	ICIAN'S	REPO	RT (1	TO BE	COMP	LETED	BY PHYSIC	(NAI		
roblems of which you should be aware:											
earing:					Allergie	s: medic	ine:				
sion;					insect s	tings:					
evelopmentai:				-	food:						
anguage/Speech:					asthma			-			
					other:						
00000 ANALONE AND 1888 GOVERN AND 1888 CO. 1888 AND 1888 CO. 1888											
300000 Www.codo War (1996) 075 (97) 30000 Updo - 420				rnia I							
DEPOSIT ANALYSIS AND DESCRIPTION OF THE OWN	out or	enclose	Califo	rnia I		ACH [OSE W	AS GIVEN			
MMUNIZATION HISTORY: (FIII		enclose	Califo	rnia I		ACH [AS GIVEN		51	th
VACCINE ULIO (OPV OR IPV) P/DTaP/ CACCILLIL ARI PERTISSIS OR TETAMUS (ACCILLIL ARI PERTISSIS OR TETAMUS)	out or	enclose	Califo	rnia I		ACH [OSE W	AS GIVEN		51	th
VACCINE VACCINE DLIO (OPV OR IPV) TP/DTaP/ (DIPHTHERIA, TETANUS AND (ACCILULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) (MEASI ES MUNDO AND SUPERIOR ONLY)	out or	enclose	Califo	rnia I		ACH [OSE W	AS GIVEN		51 / /	th /
VACCINE VACCINE DLIO (OPV OR IPV) P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND INTERPRETATION ONLY) (REQUIRED FOR CHILD CARE ONLY)	out or	enclose	Califo	rnia I		ACH [OSE W	AS GIVEN		51 /	/ /
VACCINE VACCINE DLIO (OPV OR IPV) TP/DTaP/ (ACELLULAR, PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) MR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B)	out or	enclose	Califo	rnia I		3: /	OSE W	AS GIVEN		51	th /
DLIO (OPV OR IPV) IP/DTaP/ (DIPHTHERIA, TETANUS AND IACELLULARI PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) MR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	out or	enclose	Califo	rnia I		3: /	OSE W	AS GIVEN		51	th /
VACCINE VACCINE VACCINE DLIO (OPV OR IPV) TP/DTaP/ (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) WR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B) PATITIS B RICELLA (CHICKENPOX) SCREENING OF TB RISK FACTOR Risk factors not present; TB sk Risk factors present; Mantoux previous positive skin test doci Communicable TB diseas	1st / / / / / / / SS (listing kin test no	enclose / / / / / on reverse est performance.	2r / / / / see side) d.	rnia I D nd / / / / / / / / / / / / /	ATE E.	31 / / /	oose w	AS GIVEN 4 /		51	th /
VACCINE VACCINE VACCINE DLIO (OPV OR IPV) (P/DTaP/ (ACELLULAR) PERTUSSIS OR TETANUS AND INPHTHERIA ONLY) (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B) PATITIS B RICELLA (CHICKENPOX) SCREENING OF TB RISK FACTOR Risk factors not present; TB si Risk factors present; Mantoux previous positive skin test doci Communicable TB diseas ave have not	out or 1st / / / / / RS (listing kin test no TB skin t umented) e not pres review	enclose / / / / on reverse est perfort. sent.	2r / / / se side) d. med (uni	rnia I D nd / / / / / rmation	ATE E.	31 / / /	oose w	AS GIVEN 4 /		51	ih /
VACCINE VACCINE VACCINE DLIO (OPV OR IPV) P/DTaP/ (DIPHTHERIA, TETANUS AND (ACCILLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B) PATITIS B RICELLA (CHICKENPOX) SCREENING OF TB RISK FACTOR Risk factors not present; TB si Risk factors present; Mantoux previous positive skin test doci Communicable TB diseas ave have not ysician:	out or 1st / / / / / RS (listing kin test no TB skin t umented) e not pres review	enclose / / / / on reverse ot require est perfort sent.	/ / / se side) d. med (uni	rnia I Data / / / / / Data Data	n with t	ACH E 3i / / / / he par	POOSE W.	AS GIVEN 4 /	th / / /	/	1
VACCINE VACCINE VACCINE DLIO (OPV OR IPV) (P/DTaP/ (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) VIR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) B MENINGITIS (HAEMOPHILUS B) PATITIS B RICELLA (CHICKENPOX) SCREENING OF TB RISK FACTOR Risk factors not present; TB sk Risk factors present; Mantoux previous positive skin test doci Communicable TB diseas	out or 1st / / / / / RS (listing kin test no TB skin t umented) e not pres review	enclose / / / / on reverse ot require est perfort sent.	2r / / / / se side) d. med (uni	rnia I Data / / / / / / Data Data Data	n with t	ACH E 3i / / / / he par	rent/guar Exam:_Complete	AS GIVEN 4 /	th / / /	/	1