PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART	A – PARENT'S	CONSENT (TO	BE COMPLE	TED BY I	PAREN	T)		
		(BIRT					I for readiness to enter	
(NAME OF CHILD)					·			
(NAME OF CHILD CARE CENTER/SCHOO	This	Child Care Cente	r/School provi	des a pro	gram w	hich exte	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 re	lease of	medica	l informa	ation contained in this	
	PARENT, GUARDIAN, OR (IAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)						
PART B	– PHYSICIAN'S	REPORT (TO	BE COMPLET	TED BY F	HYSIC	IAN)		
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	l PM	-298 \		
(1.1					a,	200.,		
VACCINE		DATE EACH DOSE						
POLIO (OPV OR IPV)	1st	2nd	3rd	1	4·	<u>th</u> /	5th	
DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS	/ /		1 1	,	/	1	/ /	
DT/Td AND DIPHTHERIA ONLY) MMR (MEASLES, MUMPS, AND RUBELLA)	1 1	/	/ /			/	I I	
(REQUIRED FOR CHILD CARE ONLY)	/ /	1 1	/ /	,	/	/		
THE MEANTON	1 1	1 1	/ /	,		,		
HEPATITIS B	1 1	/ /	, , ,					
SCREENING OF TB RISK FACTO	PS (licting on royal	roo cido)						
Risk factors not present; TB		·						
	·							
Risk factors present; Mantou previous positive skin test do	· ·	rmed (uniess						
Communicable TB disea								
I have have not	reviewed the a	above information	with the paren	t/guardiar	٦.			
Physician:	Date of Physical Exam:							
Address: Telephone:		Date This Form Completed:Signature						
		_	Physician [_		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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