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

PART /	A – PARENT'S (CONSENT (TO	BE COMPLETED	BY PARENT)		
(ALAM 5 OF OLUM D)	, born		(1.0.4T5)	is being studied for readiness to enter		
(NAME OF CHILD)	Th:-				de form	
(NAME OF CHILD CARE CENTER/SCHOO	L) . I nis	Child Care Cente	r/School provides a	program which exter	nds from:	
<u>a.m</u> ./p.m. to a.m./ <u>p.m</u> . ,	days a week.					
Please provide a report on above-name report to the above-named Child Care C		rm below. I hereb	y authorize release	of medical informati	on contained in this	
	(SIGNATURE OF PA	ARENT, GUARDIAN, OR (CHILD'S AUTHORIZED REPI	RESENTATIVE)	(TODAY'S DATE)	
PART B	- PHYSICIAN'S	REPORT (TO	BE COMPLETED E	BY PHYSICIAN)		
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 ROUTINE	S/RESTRICTIONS FOR	THIS CHILD:				
IMMUNITATION HIGTORY (F'		0 1:1		L DM 000 \		
IMMUNIZATION HISTORY: (Fil	ii out or enclose	California im	munization Red	cord, PIVI-298.)		
WARRIE	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	RS (listing on revers	se side)				
Risk factors not present; TB s		·				
	·					
☐ Risk factors present; Mantou:	·	med (unless				
previous positive skin test do Communicable TB disea						
I have have not	reviewed the al	oove information	with the parent/guar	rdian.		
Physician:						
Address: Telephone:		Date This Form Completed:Signature				
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			Physician 🗌 P	hysician's Assistant	Nurse Practition	

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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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