PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART	A – PARENT'S	CONSENT (TO	BE COMPLE	TED BY F	PAREN	T)			
					is being studied for readiness to enter				
(NAME OF CHILD)					·				
(NAME OF CHILD CARE CENTER/SCHOO	This	Child Care Cente	r/School provi	des a prog	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 r	nedica	l informa	ition contained in this		
	(SIGNATURE OF	PARENT, GUARDIAN, OR (CHILD'S AUTHORIZE	ED REPRESEN	TATIVE)		(TODAY'S DATE)		
PART B	- PHYSICIAN'S	REPORT (TO	BE COMPLET	TED BY P	HYSIC	IAN)			
Problems of which you should be aware:									
Hearing:		Al	lergies: 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	e California Im	munization	Record	I. PM	-298.)			
(
VACCINE					EACH DOSE WAS GIVEN				
POLIO (OPV OR IPV)	1st	2nd	3rd	,	4·	<u>th</u> /	5th		
DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS	/ /		/ /	,			/ /		
DT/Td AND DIPHTHERIA ONLY) MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	, , ,				1 1		
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	,	/	/			
HEPATITIS B	/ /	/ /	/ /	/					
VARICELLA (CHICKENPOX)	/ /	/ /							
SCREENING OF TB RISK FACTO	PRS (listing on reve	rse side)							
☐ Risk factors not present; TB		·							
☐ Risk factors present; Mantou	•								
previous positive skin test do Communicable TB disea	cumented).	illieu (ulliess							
I have have not	•	above information	with the paren	t/quardian	ı .				
Physician:									
Address:	Date This Form Completed:								
Telephone:		Signa	Signature						
			Physician	Physic	cian's A	Assistant	\square 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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