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

	A - PARENT	S CONSI	=N1 (TO	BE COM	PLETED I	BY PARE	VT)		
(NAME OF CHILD)	, bo	orn	/DIOT	H DATE)		is bein	g studied	for readine	ss to e
	N/ 7	This Objet O	•	,			مغديم طمأمان	anda funus	7
Crafton Hills College CI (NAME OF CHILD CARE CENTER/SCHO)	OL) . I	nis Child Ca	are Cente	r/School p	rovides a	program v	vnich exte	nas from	<u>.</u> : !
m./p.m. to 4:30 a.m./p.m.,5	days a wee	k.							
lease provide a report on above-nam eport to the above-named Child Care		e form belov	w. I hereb	y authoriz	e release	of medica	al informat	ion containe	ed in th
	(SIGNATURE	OF PARENT, GUA	ARDIAN, OR C	CHILD'S AUTHO	ORIZED REPR	ESENTATIVE)		(TODA	Y'S DATE
PART B	– PHYSICIAN	l'S REPO	RT (TO I	ВЕ СОМР	LETED B	Y PHYSIC	CIAN)		
oblems of which you should be aware:								- <del></del>	
earing:			Alle	ergies: medic	ine:			W. W	
sion:			ins	sect stings:					
velopmental:			Foo	od:					
nguage/Speech:			Ast	thma:					
ental:									
her (Include behavioral concerns):		*****					····	······································	
				munizati	on Rec	ord, PM	-298.)		
MMUNIZATION HISTORY: (Fi			rnia Imr						
			rnia Imr	munizati E EACH D 3r	OSE WA	S GIVEN		51	th
MUNIZATION HISTORY: (Fi	ll out or enclo	se Califo	rnia Imr	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE LIO (OPV OR IPV) P/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS	ll out or enclo	se Califo	rnia Imr	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND RUBELLA)	ll out or enclo	se Califo	rnia Imr	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  R (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)	ll out or enclo	se Califo	rnia Imr	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  R (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  MENINGITIS (HAEMOPHILUS B)	ll out or enclo	se Califo	rnia Imr	E EACH D	OSE WA	S GIVEN		5i / /	th /
VACCINE  VAC	ll out or enclo	se Califo	rnia Imr	E EACH D	OSE WA	S GIVEN		5i / /	th /
VACCINE  VAC	1st / / / / / / / / / / / / / / / / / / /	2n / / / / /	rnia Imr	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  R (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)	1st / / / / / / / / RS (listing on rev	2n / / / / / erse side)	rnia Imr	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTO	1st / / / / / / / / / / / RS (listing on rev	2n / / / / / erse side) red.	rnia Imr  DATE  Id  /  /  /  /  /  /	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND LACELULIAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  R (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR	1st / / / / / / / / RS (listing on revision test not requice TB skin test per cumented).	2n / / / / / erse side) red.	rnia Imr  DATE  Id  /  /  /  /  /  /	E EACH D	OSE WA	S GIVEN		51	th /
VACCINE  VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  R (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTO  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc  Communicable TB diseas	1st / / / / / / / / RS (listing on revision test not requice TB skin test per cumented).	2n / / / / / / erse side) red.	rnia Imr  DATE  Id  /  /  /  /  / esss	3r	POSE WA	S GIVEN		51	th /
VACCINE  LIO (OPV OR IPV)  P/DTaP/ (DIPHTHERIA, TETANUS AND (ACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  IR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  IR MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTO  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc  Communicable TB disease	1st / / / / / / / / / / RS (listing on revision test not required). se not present. reviewed the	2n / / / / / / / / erse side) red. formed (unle	DATE  Id  /  /  /  /  /  mation wi	E EACH D	POSE WA	S GIVEN  /  /	th / / /	/	/
VACCINE  VAC	1st / / / / / / / / / / RS (listing on revision test not required). se not present. reviewed the	erse side) red. formed (unle	rnia Imr  DATE  Id  /  /  /  /  /  Date o  Date T	E EACH C 3r / / / / / ith the par	ent/guard Exam:Complete	ian.	th / / /	/	/
OLIO (OPV OR IPV)  TP/DTaP/ (OIPHTHERIA, TETANUS AND FACELLULAR) PERTUSSIS OR TETANUS AND OIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)  EPATITIS B  ARICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB s  Risk factors present; Mantoux previous positive skin test doc  Communicable TB diseas	1st / / / / / / / / / / RS (listing on revision test not required). se not present. reviewed the	erse side) red. formed (unle	DATE  DATE  Id  /  /  /  /  /  Date o  Date T  Signate	E EACH D	ent/guard Exam:Complete	s GIVEN  4  /  /  ian.	th / / /	/	/