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

| | <u> – PARENT'S</u> | CONSENT | (TO BE COMPL | ETED BY PAR | ENT) | | |
|--|---|-----------------------------------|--|----------------------|-----------------|--------------|--------------|
| | , born | | (BIRTH DATE) | is be | eing studied t | for readines | s to enter |
| (NAME OF CHILD) | | | ` ' | | | | |
| (NAME OF CHILD CARE CENTER/SCHOOL | This | s Child Care C | enter/School prov | vides a prograi | n which exter | nds from | : |
| a.m./p.m. to a.m./p.m. , | | | | | | | |
| Please provide a report on above-name | - | orm below. I h | ereby authorize i | elease of med | lical informati | ion containe | d in this |
| report to the above-named Child Care C | | 01111 0010111 1111 | orody admiorize . | 0.0000 000 | noar imorma | ion oomanio | G 111 till 0 |
| | | | | | | | |
| | (SIGNATURE OF | PARENT, GUARDIAN | , OR CHILD'S AUTHORIZ | ZED REPRESENTATI | VE) | (TODA) | "S DATE) |
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| PANI D | PHISICIAN | SHEPUNI | TO BE COMPLE | IED BY PHY | SICIAN) | | |
| Problems of which you should be aware: | | | | | | | |
| Hearing: | | | Allergies: medicine | : | | | |
| Vision: | | | insect stings: | | | | |
| Developmental: | | | food: | | | | |
| Language/Speech: | | | asthma: | | | | |
| | | | other: | | | | |
| Other (Include behavioral concerns): | | | | | | | |
| Comments/Explanations: | | | | | | | |
| IMMUNIZATION HISTORY: (Fill | out or enclos | | DATE EACH DO | | , | | |
| VACCINE | 1st | 2nd | | 3rd 4th | | 51 | :h |
| | | | | , | 1 1 | | |
| POLIO (OPV OR IPV) | / / | / / | / | / | / / | / | / |
| DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS | / / | / / | / | / | / / | / | / |
| DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) (MFASI FS. MIMPS. AND BURELLA) | / / | / / | / | / | / / | / | / |
| DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY) MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) | / / / / / / | / / / / / / | / | / | / / | / | / |
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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.