MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER

IMMUNIZATION RECORD

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CHILD'S NAME (LAST, FIRST, MI)	DATE OF BIRTH

DOSE	DATES GIVEN					
	1	2	3	4	5	6
DTaP						
DT						
Hib						
Polio						
Hepatitis B						
MMR						
Varicella						
Tdap						
Td						
Pneumococcal						
Hepatitis A						
Influenza						
Meningococcal						
Rotavirus						
HPV						
Other						

NAME OF PHYSICIAN OR RECOGNIZED HEALTH FACILITY (PLEASE PRINT OR TYPE):

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DATE	SPECIAL NOTES

IF AN ADVERSE REACTION IS OBSERVED, PLEASE REPORT TO CDC THROUGH VAERS ONLINE: https://vaers.hhs.gov

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