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

PART	A - PAREN		THE LIGHT OF	CONTRACTOR AND THE PARTY OF	ILUDI	P 2-21 6 Em	1411			
(NAME OF CHILD)		orn				70110		ed for	readine	ess to en
Good Steward Day Care		This Child Co		-1 '						
(NAME OF CHILD CARE CENTER/SCHOOL		Triis Office Co	re Center/Scho	oi provid	des a pri	ogram	which e	xtends	from _	:
a.m./p.m. to a.m./p.m. ,										
Please provide a report on above-name report to the above-named Child Care	ed child using t	he form belov	. I hereby author	orize rel	lease of	medica	al inforn	nation (	Contain	ed in this
report to the above-named Child Care	Center.								o man	oo iii uii
	Andrewson age									
	(SIGNATUR	E OF PARENT, GUA	RDIAN, OR CHILD'S A	JTHORIZE	D REPRESE	ENTATIVE)		-	(TOD)	AY'S DATE)
PART B	– PHYSICIA	N'S REPO	RT (TO BE CO	MPLET	ED BY I	PHYSIC	CIAN)			
		·								
Problems of which you should be aware:										
learing:			Allergies: m	edicine:						
/ision:			Insect stings	SI						
Developmental:			Food:							
anguage/Speech:			Asthma:							
Pental:										
Other (Include behavioral concerns):										
EDICATION PRESCRIBED/SPECIAL ROUTINE				ation F	Record	I. PM-	·298 )			
induction prescribed/special routine  MMUNIZATION HISTORY: (File			nia Immuniza				298.)			
MMUNIZATION HISTORY: (Fil			nia Immuniza	DOSE		BIVEN				L
MMUNIZATION HISTORY: (File vaccine Duio (OPV or IPV)	l out or encl	ose Californ	nia Immuniza						5t	h /
MMUNIZATION HISTORY: (Fil  VACCINE  DLIO (OPV OR IPV)  TP/DTaP/ IT ACELLULARI PERTUSSIS OR TETANUS AND AND DIPHTHERIA ONLY)	l out or encl	ose Californ	nia Immuniza	DOSE		BIVEN			5t /	h /
WACCINE  DLIO (OPV OR IPV)  TP/DTaP/ (MEASLES, MUMPS, AND RUBELLA)  MR (MEASLES, MUMPS, AND RUBELLA)	l out or encl	ose Californ	nia Immuniza	DOSE		BIVEN			<b>5t</b> /	h /
WACCINE  OLIO (OPV OR IPV)  (DIPHTHERIA, TETANUS AND JACOB LULLARI PERFUSSIS OR TETANUS AND JACOB LULLARI PERFUSSIS OR TETANUS AND JACOB LULLARI PERFUSSIS OR TETANUS AND MAND DIPHTHERIA ONLY)	l out or encl	ose Californ	nia Immuniza	DOSE		BIVEN			5t /	h /
WACCINE  DLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND JACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)	l out or encl	ose Californ	nia Immuniza	DOSE		BIVEN			5t / /	h /
WACCINE  VACCINE  UIO (OPV OR IPV)  TP/DTap/ (DIPHTHERIA, TETANUS AND LACELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  S MENINGITIS (HAEMOPHILUS B)	l out or encl	ose Californ	nia Immuniza	DOSE		BIVEN			5t / /	h /
WACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTap/ (DIPHTHERIA, TETANUS AND FACELULIAR) PERTUSSIS OR TETANUS AND OPHTHERIA OND PHYTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)	1st / / / / / / / / / / / / / / / / / / /	2nd / / / / / / / / / / / / / / / / / / /	nia Immuniza	DOSE		BIVEN			5t / /	h /
WACCINE  VACCINE  DLIO (OPV OR IPV)  TP/DTap/ IT (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR	1st / / / / / / / / / / / / / / RS (listing on rev	2nd / / / / / / / / / / / / / / / / / / /	nia Immuniza	DOSE		BIVEN			5t / /	h / /
MMUNIZATION HISTORY: (File Vaccine  Vaccine  DLIO (OPV OR IPV)  TP/DTap/ (DIPHTHERIA, TETANUS AND LACELLULARI PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sk	1st / / / / / / / / / / / ss (listing on revision test not requ	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / / / / / / / /	DOSE		BIVEN			5i / /	h /
MMUNIZATION HISTORY: (File Vaccine  Vaccine  DLIO (OPV OR IPV)  TP/DTaP/ (DIPHTHERIA, TETANUS AND LACELLULAR) PERTUSSIS OR TETANUS AND OIPHTHERIA ONLY)  AR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)  PATITIS B  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sk	1st / / / / / / / / / / / / / St (listing on revision test not requestrate)	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / / / / / / / /	DOSE		BIVEN			5t / /	h / /
MMUNIZATION HISTORY: (File Vaccine  Vaccine  DLIO (OPV OR IPV)  TP/DTap/ (DIPHTHERIA, TETANUS AND LACELLULARI PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)  MR (MEASLES, MUMPS, AND RUBELLA)  (REQUIRED FOR CHILD CARE ONLY)  B MENINGITIS (HAEMOPHILUS B)  RICELLA (CHICKENPOX)  SCREENING OF TB RISK FACTOR  Risk factors not present; TB sk	1st / / / / / / / / / / / / / St (listing on revision test not required)	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / / / / / / / /	DOSE		BIVEN			5i / /	h /
MMUNIZATION HISTORY: (File National Prescribed/Special Routine MMUNIZATION HISTORY: (File National Prescribed	1st / / / / / / / / / / SS (listing on revision test not requested). e not present.	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / / / / / / / /	J DOSE 3rd / / /	EWAS	BIVEN			5t / /	h /
MMUNIZATION HISTORY: (File Name of the control of t	1st / / / / / / / / / / / / / SS (listing on revision test not requiremented). e not present. reviewed the	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / / / / / / / / ation with the p	J DOSE 3rd / / / / / arent/gu	uardian.	GIVEN 4t /	h / /		/	/
MMUNIZATION HISTORY: (File Name of the control of t	1st / / / / / / / / / / / / / SS (listing on revision test not required). e not present. reviewed the	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / /  / /  / /  / /  / ation with the p	J DOSE 3rd / / / / / arent/gu	Jardian.	GIVEN 4t /	h / /		/	/
MMUNIZATION HISTORY: (File Name of the control of t	1st / / / / / / / / / / / / / SS (listing on revision test not required). e not present. reviewed the	2nd / / / / / / / / / / / / / / / / / / /	DATE EACH  / / / / / / / / / ation with the p	arent/gual Exam	Jardian.	GIVEN 4t /	h / /		/	/