LIC 701 (8/01) (Confidential)

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FARIA	()		WI (IOD	LOOMIL	LILDU			r roadinass	to ente
(NAME OF CHILD)	; born		(BIRTH I	DATE)		_ is being	studied it	r readiness	to ente
	This	Child Car	e Center/	School pro	vides a	program wi	hich exten	ds from	_:
(NAME OF CHILD CARE CENTER/SCHOOL)									
.m./p.m. to a.m./p.m. ,									
Please provide a report on above-named eport to the above-named Child Care Ce		orm below.	I hereby	authorize	release	of medical	information	on contained	I in this
	(SIGNATURE OF	PARIENT, GUAR	DIAN, OR CH	ILD'S AUTHOP	IZED REPR	ESENTATIVE)		(TODAY	S DATE)
PART B -	PHYSICIAN'S	REPOR	Т (то в	E COMPL	ETED B	Y PHYSIC	IAN)		
Problems of which you should be aware:								-	
Hearing:			Alle	rgies: medicir	18:				
Vision:			inse	ct stings:					
Developmental:		Na Na	food	<u>:</u>					
Language/Speech:			astf	rna:					
			othe	31 .					
MEDICATION PRESCRIBED/SPECIAL ROUTINES IMMUNIZATION HISTORY: (Fill		1				- J DM	200 /		
IMMUNIZATION NIGTORT: (FIII	out or enclos	e Califor	rnia Imr	nunizati	on Hed	cora, PM	-290.)		
,	out of efficios	e Califor				as given			
VACCINE	1st	e Califor	DATI		OSE W	AS GIVEN		5t	h ,
POLIO (OPV OR IPV)			DATI	EACH D	OSE W	AS GIVEN		5t	h /
VACCINE POLIO (OPV OR IPV) DTP/DThP/ (DPHTHERIA, TETANUS AND JACELULAR) PERTUSSIO OR TETANUS			DATI	EACH D	OSE W	AS GIVEN		5t /	h /
POLIO (OPV OR IPV) DTP/DThP/ (DPHTHERIA, TETANUS AND JACILLULAR) PERTUSSIS OR TETANUS			DATI	EACH D	OSE W	AS GIVEN		5t /	h /
VACCINE POLIO (OPV OR IPV) DTP/DThP/ IACILLULARI PERTURBIO OR TETANUS AND DIPHTHERIA OR TETANUS AND RUBBLIA) MMR (MEASUR, MUMPS, AND RUBBLIA) (REQUIRED FOR CHILD CARE ONLY)			DATI	EACH D	OSE W	AS GIVEN			h /
VACCINE POLIO (OPV OR IPV) DTP/DTnP/ (DPHTHERIA, TETANUS AND DIP/TIMENS OR TETANUS AND DIP/TIMENA ORLY) MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED POR CHILD CARE ONLY) HIB MENINGITIS (HARMOPHILUS B)			DATI	EACH D	OSE W	AS GIVEN		5t / /	h / /
VACCINE POLIO (OPV OR IPV) DTP/DTsP/ (DPHTHERA, TETANUS AND IACILLULARI) PERTUBBIS OR TETANUS AND DIPHTHERIA ONLY) MMR (MEASLES, MUMPS, AND RUBBILA) (REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (MARMOPHILUS II) HEPATITIS B			DATI	EACH D	OSE W	AS GIVEN		5t /	h / /
VACCINE POLIO (OPV OR IPV) DTP/DTsP/ (DPHTHERIA, TETANUS AND IACELLIA.AR) PERTUSSIS OR TETANUS AND DIPHTHERIA ORLY) MMR (MEASLES, MUMPS, AND RUBBLLA) (REQUIRED FOR CHILD CARE ORLY) HIB MENINGITIS (HARMOPHILUS II) HEPATITIS B	1st / / / / / / / / / / / / / / / / / / /	2n / / / / / / /	DATI	EACH D	OSE W	AS GIVEN		5t /	h / /
POLIO (OPV OR IPV) DTP/DThP/ (DPHTHERIA, TETANUS AND JACILLULARI) PERTUSES OR TETANUS AND DIPHTHERIA ONLY) MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HARMOPHILUS II) HEPATITIS B VARICELLA (CHICKENPOK) SCREENING OF TB RISK FACTOR Risk factors not present; TB s Risk factors present; Mantoux previous positive skin test doc	1st / / / / / / // // // // RS (listing on revel kin test not require TB skin test perfectmented).	/ / / / / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / / / / /	EACH D	OSE W	AS GIVEN		5t /	h /
POLIO (OPV OR IPV) DTP/DThP/ (DPHTHERIA, TETANUS AND JACILLULARI) PERTURBIS OR TETANUS MMR (MEASLES, MUMPS, AND RUBBLLA) (REQUIRED FOR CHLD CARE ONLY) HIB MENINGITIS (HARMOPHILUS B) HEPATITIS B VARICELLA (CHICKENPOR) SCREENING OF TB RISK FACTOR Risk factors not present; TB s	1st / / / / / / / / / / / / / RS (listing on revelon test not require test not require test not require test not require test not rest not rest.	/ / / / erse side) red. formed (un	DATE / / / / / / dess	Se EACH D	OSE W.	AS GIVEN 4 /		5t /	h /
POLIO (OPV OR IPV) DTP/DThP/ (DPHTHERIA, TETANUS AND (ACELLIA AR) PERTUBBIS OR TETANUS AND DIPHTHERIA ORLY) MMR (MEABLES, MURPS, AND RUBBLLA) (REQUIRED FOR CHILD CARE ORLY) HIB MENINGITIS (HARMOPHILUS II) WARICELLA (CHICKIBIPOR) SCREENING OF TB RISK FACTOR Risk factors not present; TB s Risk factors present; Mantoux previous positive skin test doc	1st / / / / / / / / / / / / RS (listing on rewards the strong reviewed the	/ / / / / erse side) red. formed (un	DATE / / / / / / ess	E EACH D	ose w.	AS GIVEN 4 / / rdian.	th / / /	1	/ /
POLIO (OPV OR EPV) DTP/DTmP/ (DPYTHERIA, TETANUS AND (ACELLIA AR) PERTUBBIS OR TETANUS DT/Td AND DIPHTHERIA ORLY) MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ORLY) HIB MENINGITIS (HARMOPISLUS II) HEPATITIS B VARICELLA (CHICKIPPOII) 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 rewards the state of requiremented). se not present. reviewed the	2n / / / / erse side) red. formed (un	DATE / / / / / / Date Date	ith the pa	ose w. d / / / / / IExam: Comple	AS GIVEN 4 / / rdian.	th / / /	5t /	1

UPBOON LABOR