PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A	A – PAF	TENT 3	OONOL	141 (10	BE COMP	LLILDI	OT PAREIN	1)		
(NAME OF CHILD)		, born		(BIRTI	H DATE)		is being	studied	for reading	ess to ente
		. This	Child Ca			rovides a	program w	hich exte	ends from _	:
(NAME OF CHILD CARE CENTER/SCHOOL)	.)						1 - 3 -		_	
a.m./p.m. to a.m./p.m. ,	days	a week.								
Please provide a report on above-named report to the above-named Child Care C		sing the fo	orm below	. I hereby	y authorize	e release	of medica	l informat	tion contair	ned in this
	(SIC	GNATURE OF F	PARENT, GUAI	RDIAN, OR C	HILD'S AUTHO	ORIZED REPF	RESENTATIVE)		(TOI)AY'S DATE)
PART B -	- PHYS	ICIAN'S	REPO	RT (TO I	BE COMP	LETED B	BY PHYSIC	IAN)		
Problems of which you should be aware:										
Hearing:				All	ergies:medic	ine:				
Vision:				Ins	sect stings:					
Developmental:				Fo	od:					
Language/Speech:				As	thma:					
Dental:										
Other (Include behavioral concerns):										
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·	S/RESTRI	CTIONS FO	R THIS CHI	LD:						
MEDICATION PRESCRIBED/SPECIAL ROUTINES				rnia Imi				•		
MEDICATION PRESCRIBED/SPECIAL ROUTINES	l out or	enclose	e Califor	rnia Imi	E EACH [DOSE W	AS GIVEN			5th
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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.

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