

Medical Report of Child in Day Care

To Be Completed By Physician, Physician's Assistant or Nurse Practitioner

Name _____	Date of Birth / /	Date of Exam / /
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IMMUNIZATIONS

If one or more of the required medical immunizations is deemed detrimental to this child's health, attach certificate specifying which immunization(s) and complete and sign medical exemption statement on back of form

Include All Dates

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
ORAL POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib (conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	
Hepatitis B	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			

Other Immunizations

Type _____	Date / /
Type _____	Date / /
Type _____	Date / /

TESTS

<p style="text-align: center;">Tuberculin Test</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>_____/_____/_____ Date</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Pos Neg</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>Results</p> </div> <div style="border: 1px solid black; width: 100px; height: 50px; display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small;">If positive, attach physician's statement documenting treatment and follow-up.</p>	<p style="text-align: center;">Lead Screening</p> <p style="text-align: center;">_____/_____/_____ Date</p> <p style="text-align: center;">Attach statement of lead screening</p>
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HEALTH SPECIFICS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there allergies? (Specify)	<p style="text-align: center;">Comments:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is medication regularly taken? (Specify drug and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a special diet required? (Specify diet and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any hearing, visual or dental conditions requiring special attention?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any medical or developmental conditions requiring special attention?	

SUMMARY OF PHYSICAL EXAM (Including special recommendations to Day Care Provider)

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease Yes No and is able to participate in day care Yes No

Signature of Examiner	Address
Name (please print)	City, State, Zip
Title	() / /
	Phone Date

Medical Exemptions

The physical condition of the above named child is such that immunization would endanger life or health

Physician's Signature

Date

X

____/____/____