

Center for Child and Family Studies - University of California, Davis

Newly admitted children must have had a physical exam within 12 months previous to the first day of attendance and annually thereafter. **Completed form may be faxed to CCFS Office at (530)752-9547.**

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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

PART A – PARENT’S CONSENT (TO BE COMPLETED BY PARENT)

Child's Name: _____, born _____ is being studied for readiness to enter UC Davis Center for Child and Family Studies. This Child Care Center/School provides a program which extends from _____:____ a.m./p.m. to _____ a.m./p.m. , 4 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN’S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:	Allergies: medicine:
Vision:	insect stings:
Developmental:	food:
Language/Speech:	Asthma:
Dental:	
Other (Include behavioral concerns):	

Comments/ Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)					
DTP/DTaP/ (DIPHTHERIA, TETANUS AND DT/Td ACCELLULAR) PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY					
MMR (MEASLES, MUMPS, RUBELLA)					
HIB MENINGITIS (HAEMOPHILUS B)					
HEPATITIS B					
VARICELLA (CHICKENPOX) - DOCUMENT IF CHILD HAS HAD THE DISEASE					

SCREENING OF TB RISK FACTORS

- Risk factors not present; TB skin test not required.
- Risk factors present: Mantoux TB skin test performed date _____ Result _____ (unless previous positive skin test documented).
_____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____	Date of Physical Exam: _____
Address: _____	Date This Form completed: _____
Telephone: _____	Signature: _____
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician's Asst.
	<input type="checkbox"/> Nurse Practitioner

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months.)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

WHY YOUR CHILD NEEDS SHOTS:

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend a child care, day nursery, nursery school, family day care home, or development center.

Diseases like measles spread quickly, so children need to be protected before they enter. Staff will check your child's Immunization Records before they start and later, at ages listed above.

THE LAW:

Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

WHAT YOU WILL NEED FOR ADMISSION:

To attend a child-care facility, your child's Immunization Record must show the date for each required shot above. If you do not have an Immunization Record, or your child has not received all required shots, call your doctor now for an appointment.

If a licensed physician determines a vaccine should not be given to your child because of medical reasons, submit a written statement from the physician for a **medical exemption** for the missing shot(s), including the duration of the medical exemption.

A personal beliefs exemption is no longer an option for entry into child care; however a valid personal beliefs exemption filed with a child-care facility before January 1, 2016 is valid until entry into the next grade span (transitional kindergarten through 6th grade) and may be transferred between child-care facilities in California. For complete details, visit ShotsforSchool.org.

You must also submit an immunization record for all required shots not exempted.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).