

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

KENTO MATSUMOTO, born 6/24/2017 is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from ____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to ____ a.m./p.m. , _____ 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) 7/28/2020
(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: Uncooperative. Grossly normal Allergies: No active medication allergies or reactions; No documented food/non-medication allergies
Vision: normal
Developmental: normal
Language/Speech: NORMAL asthma:
other:

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)	9/28/2017	10/30/2017	11/20/2017	1/26/2019	
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	DTP 9/28/2017	DTP 10/30/2017	DTP 11/20/2017	DTP 1/26/2019	
MMR (MEASLES, MUMPS, AND RUBELLA)	MEASLES 6/30/2018	MUMPS 6/30/2018	RUBELLA 6/30/2018		
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	08/28/2017	9/28/2017	10/30/2017	6/30/2018	
HEPATITIS B	08/28/2017	9/28/2017	1/16/2018		
VARICELLA (CHICKENPOX)	6/30/2018	1/26/2019			

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

Immunization Notes:

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

Physician: Naoko Matsumoto, MD
Address: 3440 Lomita Blvd, Ste 242, Torrance, CA 90505
Telephone: 310-483-7880

Date of Physical Exam: 9/20/2019
Date This Form Completed: 7/28/2020
Signature: Naoko Matsumoto, M.D.

Physician Physician's Assistant Nurse Practitioner