



San Marcos Lutheran Children's Center
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PHYSICIAN'S REPORT 2016-17
Child's Health Evaluation

Part A – Parent's Consent (to be completed by parent)

(Name of child), _____, born _____, has registered to enter the preschool program at San Marcos Lutheran Church Children's Center. Please provide a report on this child using the form below. I hereby authorize release of medical information contained in this report to San Marcos Lutheran Church Children's Center.

Signature of parent, guardian, or child's authorized representative

Date

Part B – Physician's Report (to be completed by physician)

Date of last physical: _____

Please check (A) or (B):

_____ (A) At this time there are no health, developmental or behavioral concerns that could affect this child's progress in a school setting.

_____ (B) Please note the following factors of which you should be aware. These may affect this child's learning and/or progress in a school setting:

Allergies: _____
Asthma: _____
Development: _____
Hearing: _____
Speech/Language: _____
Vision: _____
Other: _____

Please list any prescribed medications, special routines, or restrictions for this child:

Please see the back of this form for **required immunizations** before school entry.

Screening of TB risk factors (see back of this form for list):

_____ 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

Physician's Name: _____ **Date this Form Completed:** _____

Address and Telephone: _____

Signature: _____

Parents' Guide to Immunization Requirements

Please provide a copy of your child's immunization record to be considered for enrollment!

Effective January 1, 2016 the California School Immunization Law states that children must have their required immunizations (shots) *before* they can attend school or child care and no longer allows a child to be exempt from the immunization requirements for personal beliefs. For the 2016-17 school year children currently enrolled in the Children's Center and with personal belief exemptions on file prior to January 1, 2016 our grandfathered in until the next grade level: transitional kindergarten or kindergarten. Please note that this does not apply to newly enrolled students and we will no longer be accepting any students without the required immunizations, unless they have current valid medical documentation from a licensed physician stating the medical reasons for exclusion from immunization for each vaccination. If your child falls into this category, please see the Center Director for what constitutes current valid medical documentation.

Please use this schedule to see if your child has all the required shots:

Immunizations (shots) Needed Before Starting Child Care/Preschool

Age When Entering	Immunizations (shots) Required
2–3 Months	1 each of Polio, DTaP, Hib, Hep B
4–5 Months	2 each of Polio, DTaP, Hib, Hep B
6–14 Months	3 each of DTaP 2 each of Polio, Hib, Hep B
15–17 Months	3 each of Polio, DTaP 2 Hep B 1 MMR 1 Hib
18 months–5 years	3 Polio 4 DTaP 3 Hep B 1 MMR 1 Hib 1 Varicella

DTaP = Diphtheria, Tetanus, and Pertussis

Hib = Haemophilus Influenzae type B

Hep B = Hepatitis B

MMR = Measles, Mumps, Rubella

Varicella = Chickenpox

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.