Missouri Department of Health and Senior Services
Bureau of Child Care

Child Medical Examination Report (Infant/Toddler/Pre-School)

Identifying information

CHILD'S NAME	BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on _____/_____/_____, this child can participate in a child care program.

This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavioral problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURES

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT.)
NAME AND ADDRESS OF CLINIC, GROUP PRACTICE OR OTHER (MAY USE STAMP.)		IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
		TELEPHONE NUMBER

(2-16-05) TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY. BCC-6A

FAX: (417) 887-2131 ATT: Michele, Second Baptist Child Development Center

IMMUNIZATION RECORD

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

NAME OF CHILD (LAST) (FIRST) (MI)	SOCIAL SECURITY #	ID#	DATE OF BIRTH
ADDRESS (STREET OR RFD, CITY, ZIP)			SEX 9M 9 F
DAY CARE, SCHOOL "AND/OR PHYSICIAN PARENT /GUARDIAN FULL NAME		HOME PHONE	WORK PHONE

RACE (check all that apply)
9 American Indian or Alaska Native 9 Native Hawaiian or
9 Asian 9 Other Pacific Islander
9 Black or African American 9 White

ETHNICITY
9 Not Hispanic or Latino 0 Not Hispanic or Latin"

	DATES GIVEN									
DOSE	DTaP or DT	Hib	PCV7	Polio	Hepatitis B	MMR	Td	Hepatitis A	Influenza	Other
1						--				
2										
3										
4						Varicella				
5					HBIG	1				
6						2				

DATE	ADVERSE REACTIONS

MO 580-0818 (11-03) ImmP-16

NOTE: Must by completed by a physician or you may use the physician's office print out.