FAMILY AND SOCIAL SERVICES ADMINISTRATION - MS02

402 W. Washington St., Room W362 Indianapolis, IN 46204

			manipolo, na rozot
Name of child (last, first)		Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and	d ZIP code)		
Child lives with (rotationship)	Name		Telephone number
	MEDICA	L HISTORY	·····································
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	

		Handicapping conditions:	
Screenings TB Risk / Symptom	Result / Date (month, day, year)		
Developmental Screen		Other:	**********************************
Lead		4	********
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	NAME OF THE PROPERTY OF THE PR	XAMINATION	
Date of exam (month, day, year)	The state of the s	Age of child	
			•
Skin		Heart	
Lymphnodes		Lungs	
Eyes ·		Abdomen	
Ears		Genitalia	
Nasopharynx Teeth and Mouth		Skeleton	
lote any unusual findings:		Other:	
iole any unusual diagings:			
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ons this child have any hostile compliant that			
Yes No. If Yes what modificant	Autio be hazardous either to the child or to other	children in a group setting as a result o	f participation in normal activities (including sports)?
The same and a second a second and a second and a second and a second and a second	n of normal activities would be necessary to pro	otect the child and the child's classm	ales:
医沙耳氏病 医电子子不管检验检查检验性 医甲甲甲腺毒素 医血管性神经炎	经存储帐户 化氯化甲基苯甲甲基苯甲基苯甲基苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	· 医血液性脊髓管管管管管管管管管管管管管管管管管	***
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		***************************************	* 角扇 写用 南京區 医巴达克马洛尔 医双格尔氏氏 经股份股份 医皮肤 有 海 医 的 医 原 医 医 医 医 化
A MONTH OF THE PARTY OF THE PAR		:	
Yes No	ial routines which should be included in the cer	nter's plans for this child's activities?	Explain:
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			HISTORY	OF IMMUNIZA	ATIONS AND T	EST	(indicat	e moi
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		1	2	3	4	Γ	5	_
	IPV (Polio)							
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		1	2	3	4	l	5	_
*	Influenza (Flu)							
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	Measies Mumps Rubella (MMR)		T -					
	Rubella (MMR)			ا .				
		1	2	3				
	Rotavirus (RGE)	1			1			
		L			j			
		1	2	•				
	Varicella (Varivax)			or Chicker	n Pox Disease	ſ	Month /	year
	(varivax)					L		
		1	2	3	4			
	Pneumococcal (PCV) (Prevnar)							
	(Pov) (Plevilal)	<u></u>	<u></u>					
		1	2					
	HEP A							
		<u></u>						
		11	2	3	-			
	HBV (HEP B)							
	* Recommended y	vearly	<u> </u>		İ			
Na	me of physician / nurs	e practitioner cor	ripleting form (plea	ase print)			,	Telepho
Sic	gnature of physician / r	numa prostitione					(
υ·ι ₂	nature of physician / 1	ruise praculioner						
			. :	ADDITION	IAL NOTES AN	D INS	STRUCT	IONS
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