



REPORT OF MEDICAL/DENTAL EXAM

- FR
Court FM
FM
Adoptions
PP

FOR HEALTH PASSPORT UPDATE
RETURN IN THE POSTPAID ENVELOPE
Attention:

PUBLIC HEALTH NURSE

CHILD:
CWS #:
DOB:
WORKER NAME:

TO BE COMPLETED BY THE MEDICAL/DENTAL PROVIDER: ICD-9 (IF EASILY AVAILABLE)

DX

RX

Immunizations Given Today: (Please Check)

- DtaP #1-5, Td/Tdap #6, IPV #1-4, MMR #1-2, Hep B #1-3, PCV #1-4, Hib #1-4, Varella #1-2, HEP A #1-2, HPV #1-3, Rota #1-3, Influenza, MCV

Other Immunizations:

Results of tests done today
HEIGHT, HEARING, WEIGHT, VISION, BMI, BP, TB TEST, RESULTS, HGB, LEAD SCREENING, OTHER TEST:

TYPE OF VISIT: Medical, Dental, Follow up
Purpose: Routine Comprehensive (Well Child), Tx Ongoing, Tx Completed, Sick visit, Specialist visit
Medication prescribed

WAS CHILD REFERRED TO ANOTHER PROVIDER? NO, YES
Name, Address, Specialty, To be seen by what date, Telephone

Date of Service, Medical Provider, Address, City/State, Telephone

- Reply to: 1900 E. Main Street, Barstow, CA 92311; 1495 S. E Street, San Bernardino, CA 92408; 1090 E Broadway Street, Needles, CA 92363; 9518 E. 9th Street, Rancho Cucamonga, CA 91730; 17621 Foothill Blvd, Fontana, CA 92335; 1094 S. E Street, San Bernardino, CA 92415-0084; 1504 Gifford Avenue, San Bernardino, CA 92415-0021; 15020 Palmdale Rd, Victorville, CA 92392; 56311 Pima Trail, Yucca Valley, CA 92284

TDD - Telephone Services For The Hearing Impaired (909) 252-4703
Child and Adult Abuse Hotline 1 (800) 827-8724

Distribution: Original - Case Record
Copy - Caregiver
Copy - PHN