

Medical Screening Record

CHILD'S NAME		SEX	BIRTHDATE	HEIGHT	WEIGHT	COUNTRY	
IMMUNIZATIONS IF YES, FOR WHAT, WHEN		<u> </u>	, , , , , , , , , , , , , , , , , , ,	27			
YES NO	T			T			
ESTED FOR TB — RESULTS TESTED FOR HEPATITIS — RESULTS					TESTED FOR AIDS — RESULTS		
YES NO					YES NO		
KNOWN ALLERGIES				IDENTIFYING	MARKS		
DIAGNOSIS: PRIMARY			3	v	2 2		
DIAGNOSIS: SECONDARY	A A A A A A A A A A A A A A A A A A A		Ą	<u></u>		· · · · · · · · · · · · · · · · · · ·	
HOW CONFIRMED							
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CURRENT VITAL SIGNS							
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PRESCRIPTION: MEDICATIONS CURRENTLY BEING TAKEN	3		9 5 W	0+1	18		
PAST MEDICAL HISTORY & PAST SURGERIES OF PATIENT	(Date and Type)				or it	2	
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PAST MEDICAL HISTORY OF PARENTS AND SIBLINGS (Date	and Type)	40	to the second se				
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REASON FOR HTC APPLICATION	THE RESIDENCE OF THE PARTY OF T						
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WHAT CAN BE DONE IN NATIVE COUNTRY		20	55:		2 3		
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WHAT IS LACKING							
<u> </u>	190						
IF SPECIFIC THERAPY IS DONE HERE, WHAT AFTERCARE I	S AVAILABLE IN N	IATIVE COUN	NTRY		9		
1							
			35				
4			<u>, </u>				
DATE COMPLETED RE	PORT COMPLETE	D BY			7	TITLE	
ROUTING INSTRUCT	IONS: ORIGINA	AL — HTC	YELLOW - FOSTER FAMIL	Y PINK — FOREIGN	CONTACT	HTC 201 (REV. 7/90)	