



Medical Screening Record

CHILD'S NAME	SEX	BIRTHDATE	HEIGHT	WEIGHT	COUNTRY
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IMMUNIZATIONS IF YES, FOR WHAT, WHEN
 YES NO

TESTED FOR TB — RESULTS <input type="checkbox"/> YES <input type="checkbox"/> NO	TESTED FOR HEPATITIS — RESULTS <input type="checkbox"/> YES <input type="checkbox"/> NO	TESTED FOR AIDS — RESULTS <input type="checkbox"/> YES <input type="checkbox"/> NO
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KNOWN ALLERGIES	IDENTIFYING MARKS
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DIAGNOSIS: PRIMARY

DIAGNOSIS: SECONDARY

HOW CONFIRMED

CURRENT VITAL SIGNS

PRESCRIPTION: MEDICATIONS CURRENTLY BEING TAKEN

PAST MEDICAL HISTORY & PAST SURGERIES OF PATIENT (Date and Type)

PAST MEDICAL HISTORY OF PARENTS AND SIBLINGS (Date and Type)

REASON FOR HTC APPLICATION

WHAT CAN BE DONE IN NATIVE COUNTRY

WHAT IS LACKING

IF SPECIFIC THERAPY IS DONE HERE, WHAT AFTERCARE IS AVAILABLE IN NATIVE COUNTRY

DATE COMPLETED

REPORT COMPLETED BY

TITLE