

## State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 800
Rev 1/2012
Illinois Department of
Children & Family Services

Student's Name								Birth D	ate		Sex	Race	/Ethnic	ity	Scho	ol /Gra	de Leve	VXIV#	
Last	First		··· · · · · · · · · · · · · · · · · ·	Middle				Month/Day/Year				.]		<del></del>					
Address Stre	A STATE OF THE PARTY.	ip Code	Property Blocks	Contraction of the second	Parent/Gu	water of papers of	ili si kadancar	AND PERSONAL PROPERTY AND ADDRESS.	ohone# H	O OF STREET, STREET		e examinar ne e un militar del dis	Work						
IMMUNIZATIONS determine if the vaccine attached explaining the	was give	on after	the min	imum in	terval o	r age. If	the mo	lic yacc	r every o ine is m	lose adr edically	ninistere contrai	d. The c ndicate	lay and d, a sep	month is arate w	s require ritten s	ed if you tatemer	cannot it must	be	
Vaccine / Dose	MO DA YR			MO DA YR			MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR			
DTP or DTaP	The second second																		
Tdap; Td or Pediatric	□Tdap□Td□DT			□Tdap□Td□DT			□Tdap□Td□DT			□Tdap□Td□DT			□Tdap□Td□DT			□Tdap□Td□DT			
DT (Check specific type)			-						V .		1 1 1 M		, .					,	
Polio (Check specific		PV 🗀	OPV	ПΙ	PV 🗆	OPV		PV 🏻	OPV		PV 🗆	OPV	ПП	PV□	OPV		(PV □	OPŸ	
type)						•	***												
Hib Haemophilus influenza type b	o local mental and	±	- Constant of the Constant of				7.							4					
Hepatitis B (HB)																			
Varicella (Chickenpox)	5.00. J. 25.01									CO	MMEN	TS.				Maria deputa y Nilo			
MMR Combined Measles Mumps, Rubella																٠.			
Ot )   It	Measles			Rubella			Mumps					••		:			•	,	
Single Antigen					T		1	T	T	1 .								•	
Single Antigen Vaccines																			
				etrosconos se	**************************************		**************************************					·				rocknort annenn ster .			
Vaccines Pneumococcal Conjugate Other/Specify																			
Vaccines Pneumococcal Conjugate																			
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV,	AD, DO	, APN, ry section	PA, sch	ool hea	ith proj	fessional late(s) an	l, healtl	n officia	) verify	ing abo	ve imm	unizatio	n histo	ry must	sign be	dow. I	f adding	dates	
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (f	AD, DO	, APN, ry section	PA, sch	ool hea	ith pro	fessiona late(s) ar	l, healtl	iére.)	l) verify	ing abo	we imm	unizatio	n histo	ry must		dow. I	f adding	dates	
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (I to the above immunization	AD, DO	), APN,	PA, sch	ool hea	ith proj	fessional late(s) an	, healti	iére.) Ti		ing abo	ve imm	unizatio	n histo		te	dow. I	fadding	dates	
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (I to the above immunization Signature Signature ALTERNATIVE PR	MD, DO on histor	ry section.  OF IM	n, put y	our initi	als by d	fessional ate(s) an	l, healtl	iére.) Ti	tle	ing abo	ve impa	unizatio	n histo	Da	te	dow. I	f adding	dates	
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (I to the above immunization Signature ALTERNATIVE PR 1. Clinical diagnosis is	MD, DO on histor	of IM	m, put y  MUNI  rified b	our imiti TY y physi	als by d	late(s) an	id sign l	Ti	tle tle	on or aft	ve imm			Da Da	te te			dates	
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (I to the above immunization Signature Signature ALTERNATIVE PR	MD, DO on histor  ROOF ( acceptal  MO D chicken	OF IM ble if ve	MUNI  MUM  MUM  sease is	TY y physi PS MO	cian.  DA Soble if v	*(A	id sign f	Ti Ti as cases d LA Mo	tle inguosed DA Y	on or aft	er July 1, Physic	2002, mi	est be con	Da  Da  ntinned b	te y laborat	ory evide	nce.)		
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (to the above immunization Signature ALTERNATIVE PR 1. Clinical diagnosis is *MEASLES (Rubeola) 2. History of varicella (	MD, DO on histor  ROOF ( acceptal  MO D chicken	OF IM ble if ve	MUNI  MUM  MUM  sease is	TY y physi PS MO accepta ian's desc	cian.  DA Soble if v	*(A	id sign f	Ti Ti as cases d LA Mo	tle inguosed DA Y	on or aft	er July 1, Physic	2002, mi	est be con	Da  Da  ntinned b	te y laborat	ory evide	nce.)		
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (I to the above immunization Signature ALTERNATIVE PR 1. Clinical diagnosis is *MEASLES (Rubeola) 2. History of varicella ( Person signing below is ver	MD, DO on histor  ROOF ( accepta)  MO D chicken ifying tha	OF IM ble if ve	MUNI rified b  MUM sease is ent/guard	TY y physi- PS MO accepta ian's descure	cian.  DA 3	*(A	all measle RICEI by healt a disease	Ti Ti as cases d LA Mo	tle ingnosed DA Y provider indicativ	on or aft R , school	er July 1, Physic	2002, m lan's Si profess and is a	est be congular or coepting.	Da  Da  Da  Infirmed b  health such hist	te  y laborat  official ory as do	ory evide	nce.)		
Pneumococcal Conjugate Other/Specify Meningococcal, Hepatitis A, HPV, Influenza Health care provider (to the above immunization) Signature Signature ALTERNATIVE PR 1. Clinical diagnosis is *MEASLES (Rubeola) 2. History of varicella (Person signing below is ver Date of Disease 3. Laboratory confirms	MD, DO on histor  ROOF ( accepta)  MO D chicken ifying tha	OF IM ble if ve	MUNI rified b  MUM sease is ent/guard	PY y physi PS Mo accepta ian's descure	cian.  DA 5 ble if veription of	*(A  *(A  *CR VA  *erified bof varicell	all measle RICEI by healt a disease	Ti Ti Scases d  LA MO h care p history i	tle ingnosed DA Y provider indicativ	on or aft R , school	er July 1, Physic I health	2002, m lan's Si profess and is a	est be congular or coepting.	Da  Da  Da  Infirmed b  health such hist	te  te  y laborat  official ory as do  Date	ory evide	nce.)		

														REENING				orielis comiti les lacita	radii aa magaan ayaa ka a maraka ka da da da aaday maani da da aaday ayaa a iibaa da
Date													T						0-4
Age/ Grade																			Code: P = Pass
t s indecember i	·R·	L	R	L	R	L	R	L	·R	L	R.	L	R	L	R	L	R	L	F = Fail U = Unable to test
Vision		, ,								, .,			1 -						R = Referred
Hearing											<u> </u>		1			<del> </del>		<b></b>	Glasses/Contacts