MEDICAL PASSPORTMichigan Department of Human Services

CASE NAME:		CASI	E NUMBER:	D	ATE OF BIRTH:	SEX:
ADDRESS:		Cour	nty District	Section	Unit Worker	3
				MEDICAID	TYPE:	SWSS Log
		MEDICA	L HISTORY/MEDIC	AL NEEDS		
FAMILY MEDICAL	HISTORY:					
MO=Biologic	cal Mother	FA	=Biological Father		BOTH=Biolo	ogical Parents
			rcle all that apply/or	type code or		
MO/FA/I	вотн	Heart Problems	MO/FA/BOT	Н	Sickle Cell Anemia	a
MO/FA/I	вотн	 Cancer	MO/FA/BOT	н	Mental Illness	
MO/FA/I	вотн	 Diabetes	MO/FA/BOT	Н	Strokes	
MO/FA/I	вотн	 Asthma	MO/FA/BOT	Н	High Blood Pressu	ıre
MO/FA/I	вотн	Allergies	MO/FA/BOT	н	Other	
CUII D'S MEDICAI	шетору.					
CHILD'S MEDICAL	HISTORY:					
Prenatal Care:	Yes	□ No □	Unknown			
Alcohol or drugs taken If Yes, speci		ncy?: Yes	□ No □	Unknown		
Full Term Pregnancy:	Yes	□ No	Unknown			
Type of Delivery:	☐ Natural	☐ Cesarea	ın ☐ Unknow	'n		
Birth Weight:	lbs	Oz.				
	Sat Alone			Spok	e First Word	
	Sat Alone Crawled				e First Word e 2 to 3 Words Tog	gether
						gether
ist age when child:	Crawled Walked		os ent occurrence	Spok		gether
List age when child:	Crawled Walked			Spok		gether
ist age when child:	Crawled Walked		os ent occurrence	Spok		gether
ist age when child:	Crawled Walked following, please			Spok	e 2 to 3 Words Tog	gether
ist age when child:	Crawled Walked following, please	e indicate date of m		Spoke: Eara	e 2 to 3 Words Tog	gether
ist age when child:	Crawled Walked following, please Measles Mumps Chicken P Whooping	e indicate date of m Pox I cough		Spok e: Eara Aner Meni Para	e 2 to 3 Words Tog che/Ear Infection nia ngitis lysis	gether
List age when child:	Crawled Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe	e indicate date of m Pox I cough ever		e: Eara Aner Meni Para Hear	e 2 to 3 Words Tog che/Ear Infection nia ngitis lysis t Disease	gether
List age when child:	Crawled Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent (e indicate date of m Pox I cough ever Colds/Cough		Spok Eara Aner Meni Para Hear	e 2 to 3 Words Tog che/Ear Infection nia ngitis lysis t Disease oid Disease	gether
List age when child:	Crawled Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent	e indicate date of m Pox I cough ever		Spok Eara Aner Meni Para Hear Thyro	che/Ear Infection nia ngitis lysis t Disease oid Disease rulsions/Seizures	gether
List age when child:	Crawled Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent 9 Tonsillitis	e indicate date of m Pox I cough ever Colds/Cough Sore Throat		Eara Aner Meni Para Hear Thyro	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging	gether
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent 6 Frequent 8 Tonsillitis Pneumoni	e indicate date of m Pox I cough ever Colds/Cough Sore Throat		Eara Aner Meni Para Hear Conv	che/Ear Infection nia ngitis lysis t Disease oid Disease rulsions/Seizures I Banging th Holding	
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent 0	e indicate date of m Pox I cough ever Colds/Cough Sore Throat ia		Eara Aner Meni Para Hear Thyro Conv Head Brea	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems	Glasses
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent C Frequent S Tonsillitis Pneumoni Sickle Cel HIV/AIDS	e indicate date of m Pox I cough ever Colds/Cough Sore Throat ia		Eara Aner Meni Para Hear Thyro Conv Heac Brea Visio	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems ing Problems	Glasses Hearing Aide
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent (Frequent (Tonsillitis Pneumoni Sickle Cel HIV/AIDS Kidney/Bla	e indicate date of m Pox I cough ever Colds/Cough Sore Throat ia		Eara Aner Meni Para Hear Thyro Conv Heac Brea Visio Hear	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems	Glasses Hearing Aide
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent 9 Frequent 9 Tonsillitis Pneumoni Sickle Cel HIV/AIDS Kidney/Bla	e indicate date of m Pox I cough ever Colds/Cough Sore Throat ia I Anemia	Date	Eara Aner Meni Para Hear Thyro Conv Heac Brea Visio Hear	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems ing Problems	Glasses Hearing Aide
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent C Frequent S Fr	e indicate date of m Pox I cough ever Colds/Cough Sore Throat II Anemia adder Infections dical Conditions, Sp	Date	Eara Aner Meni Para Hear Thyre Conv Heac Brea Visio Hear Sexu	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems ing Problems	Glasses Hearing Aide
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent (Frequent (Tonsillitis Pneumoni Sickle Cel HIV/AIDS Kidney/Bla Speech Other Med	e indicate date of more cough cough cough cough core Throat ia I Anemia adder Infections dical Conditions, Sponsesses, (Asthma, December 2015)	ecify:	Eara Aner Meni Para Hear Thyre Conv Heac Brea Visio Hear Sexu	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems ing Problems	Glasses Hearing Aide
List age when child:	Crawled Walked Walked following, please Measles Mumps Chicken P Whooping Scarlet Fe Frequent (Frequent (Tonsillitis Pneumoni Sickle Cel HIV/AIDS Kidney/Bla Speech Other Med	e indicate date of more cough ever Colds/Cough Sore Throat adder Infections dical Conditions, Spensses, (Asthma, Ems of Self-Abuse, S	ecify:	Eara Aner Meni Para Hear Thyre Conv Heac Brea Visio Hear Sexu	che/Ear Infection nia ngitis lysis t Disease old Disease rulsions/Seizures I Banging th Holding n Problems ing Problems	Glasses Hearing Aide

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Child's Name:	
DOB:	
SWSS Log #:	

NAME:

VACCINE	#	AGE	DATE	MANUFACTURER	DOSE (ml)
DTP	1				
DTP	2				
DTP	3				
DTP	4				
DTP	5				
Td	1				
Hep. B	1				
Hep. B	2				
Hep. B	3				
Polio	1				
Polio	2				
Polio	3				
Polio	4				
Hib b	1				
Hib b	2				
Hib b	3				
Hib b	4				
MMR	1				
MMR	2				
MMR	3				
Varicella	1				
Varicella	2				
Нер. А					

Non-Administered Vaccine	Date	Reason

hild's Primary Hea	ld's Primary Health Care Provider:			Child's Name:					
me			Address						
у			State	Zip Code	Phone Nu	mber			
PROVIDER	DATE OF SERVICE	SERVICES CODE & NAM	ME		DIAGNOSIS COD	E & NAME			

Child's Name

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Date	Name of Medication	Dosage	Reason for Medication

I certify that I have obtained all known information for the child named above. This is in accordance with the Michigan Department of Human Services policy.

The Medical Passport contains:

- A) All medical information required by policy or law to be provided to foster parents.
- B) A basic medical history.
- C) A record of all immunizations.
- D) A record of on-going medications.
- E) Other information concerning the child's physical and mental health.

Each of the child's placement providers (foster parent/kinship caregiver, etc.) have been provided a copy of the Medical Passport along with:

- All known history of abuse or neglect of the child;
- All known emotional and psychological problems of the child;
- All known behavioral problems of the child; and
- The documents that verify the above information.

PREVIOUS WORKER'S SIGNATURE:	Date	_
PREVIOUS WORKER'S SIGNATURE:	Date	
PREVIOUS WORKER'S SIGNATURE:	Date	

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.