

**Medical Passport**

**Commonwealth of Massachusetts  
Department of Social Services  
Medical Passport**

Reminder: Give a copy of the Medical Passport to new provider when a child goes from one placement to another. You may also want to print the Passport to use as an interview tool when requesting medical information from the parent.

Printed Date: 05/25/2000

**Child's Name :** Cheryl Marie Byrne TRN40  
**DOB:** 06/30/1988  
**Sex:** Female  
**DSS Office :**

**MassHealth RID:** X00017089  
**Phone:**

**Note:** All Children under age 3 are eligible for Early Intervention(1-800-905-8434). All children under age 5 are eligible for WIC(1-800-942-1007). Call Mass. Dept. of Public Health for additional information.

**Critical Indicator:**

**Do not Resuscitate Order on File:** Yes  No

**Medical Conditions**

Condition	Medi Alert	Skilled Nursing
Fire Setting	N	N
History of Neglect	N	N

**Enuresis**

**Encopresis**

**Allergies**

Allergy Type	Allergy - Reactions
Food	
Medication	
Insect/Pet	Bee-Swelling, Breathing Difficulties Hornet-Epi Pen, Breathing Difficulties, Swelling, Rash, Hives
Environmental	
Other	

**Asthma:** Yes  Not Known

If yes, does the child use inhaler/nebulizer (Yes/No)

**Triggers:** Exercise, Common Cold, Dust, Pets

**Medications (Medical & Psychiatric)**

Name	Dosage&Frequency
Children's Ibuprofen	25mg (1 tablet) Oral

Note: Please give medication to the social worker upon new placement or placement transfer.

**Medical Equipment:**

Note: Include eye glasses and retainers (orthodontic) as well as durable medical equipment.

**Medical Passport****Birth History**

Gestational Age	Birth Delivery Comment
	Premature at 30 weeks.

**Medical & Dental Visits**

Visit Type	Date	Condition	Provider	Address	Phone
Sick					
Sick					
Well	05/25/2000	Allergies	Marie Cohen	123 North Main Boulevard, Suite A, Boston. MA 12345	617-123- 4567
Behavioral					
Dental	05/25/2000	Allergies	Elizabeth Mitchell		

Note: For complete Well Visit Schedule, see Well Child Visit Schedule in Family Net Help section.

**Hospitalization History**

Reason	Medical Condition	Date	Provider

**Immunizations**

Required Immunizations and Recommended Immunization Schedule	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
Hepatitis B Birth, 1-2mos, 6-18 mos, Or 11 -12 yrs if "catch- up" needed.	25-MAY-00			Not Necessary	Not Necessary	Not necessary
Varicella 12 - 18 mos. Or 13+ yrs. if "catch-up" needed		Not necessary	Not necessary	Not necessary	Not necessary	Not necessary
Dtap/DTP 2 mos, 4 mos, 6 mos, 12-18 mos, 4 -6 yrs., Td booster 11-16 yrs.	01-JUN-88	25-MAY-00				
Polio IPV 2 mos, 4 mos, 6 -18 mos, 4 -6 yrs.	25-MAY-00				Not Necessary	Not Necessary
Measles, Mumps, Rubella 12 -15 mos, 4 -6 yrs. Or 11 -12 yrs. if "catch-up" needed.	25-MAY-00		Not necessary	Not necessary	Not necessary	Not necessary
H. Influenzae type b 2 mos, 4 mos, 6 mos, 12 - 15 mos.	25-MAY-00				Not necessary	Not necessary

Note: Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Hepatitis B, Measles, Mumps, Rubella, and Varicella vaccinations are to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

**Lab Results**

Test Type	Date	Result
Lead		



## Medical Passport

### RESPONSIBILITIES OF FOSTER PARENTS/RESIDENTIAL CARE PROVIDERS

1. This Medical Passport is to be kept by you as long as the child is in your care. Remember that when the child leaves your care, **the passport goes with the child.**
2. This information is personal and **confidential**. It should be treated as such.
3. Take the passport and a blank Medical Encounter Form to each and every medical, hospital and dental appointment.
4. Remind the care provider to fill out a Medical Encounter Form and to update appropriate sections of the passport at the time of the visit. It is **not** necessary to use Medical Encounter Forms for therapy sessions.
5. Keep the MassHealth card with this passport.

Schedule appointments for routine and follow-up care. Every child entering DSS care or custody must have a 7 day medical screening and a 30 day comprehensive examination.

6. Dental examinations begin at the age of three years and are done yearly.

Please submit completed Medical Encounter Forms to the child's social worker immediately after each appointment.

If you have any questions, please contact the child's social worker. Thank you for your help.

### RESPONSABILIDADES DE LOS PADRES DE CRIANZA/CUIDADO DE RESIDENCIA

1. Usted debe mantener este Pasaporte Medico en su posesion mientras que el nino permanesca bajo su cuidado. Recuerde, cuando el nino se vaya, **el passaporte debe ir con el.**
2. Este es un documento de informacion personal y debe ser tratado como tal.
3. Lleve el pasaporte y La Forma de Visita en blanco a cada y todas las visitas del medico, hospital y al dentista.
4. Recuerdele a los medicos y a los dentistas que deben llenar las Formas de Visitas Medicas por cada visita y completar la informacion necesaria en la seccion central del pasaporte. **No** es necesario ilevar el Informe de Visita a Las citas Consejeria del nino.
5. Coloque la tarjeta de Medicaid dentro del pasaporte.
6. Haga las citas para los exámenes medicos y dentales de rutina y seguimiento. Cada niño que incorpora cuidado o custodia del DSS debe tener una investigación médica de 7 días y una examinación comprensiva de 30 días. Los exámenes dentales comienzan a la edad de tres años y se hacen anualmente.

Por favor, entregue los Informes cumplidos de visitas al trabajador(a) social inmediatamente despues de cada visita rutina/enfermo.

Si tiene preguntas, por favor llame a su trabajador(a) social. Gracias por su ayuda.

### UNIVERSAL PRECAUTIONS GUIDELINES

All children and adults are capable of transmitting viruses and are also susceptible to infections from certain viruses and bacteria. When caring for any child in your home, the following basic hygiene practices are recommended:

1. **Always wash hands** thoroughly with warm water and soap immediately after having contact with blood or body fluids (saliva, urine, stool or vomitus). Regular bar soap is adequate.
2. **Wash dishes** in hot soapy water or in the dishwasher, if you have one. It is not necessary to keep a high-risk child's dishes separate.
3. You may **wash clothing** with other family laundry in the washing machine or by hand, using hot soapy water.
4. Do **not** allow family members to share toothbrushes.
5. **Avoid placing your fingers in any child's mouth.** Also, discourage other adults and children from doing this.
6. Toys that have been in any child's mouth should not be shared with other children. **Wash plastic toys** that have been soiled with body fluids in hot soapy water. **Wash stuffed toys** in the washing machine or in hot soapy water.
7. **Wash cloth diapers** in the washing machine or in hot soapy water. Add a small amount of bleach.
8. **Placed soiled diapers** in a diaper pail lined with a plastic bag. Keep these in an area where small children do not have access to them.. Securely tie the bag and dispose of with other household trash.
9. **Clean any surfaces containing body fluid spills** with one part bleach to ten parts water.
10. You do **not** have to wear gloves for **diaper changing** unless there is diarrhea (blood may be present) or a bleeding diaper rash. Remember to wash hands before and after diapering.
11. **Wear disposable latex gloves** to prevent possible exposure to blood-born viruses when cleaning body fluid spills containing blood or if your hands have cuts, abrasions, or a rash. Place the gloves and cleaning materials in a plastic bag, tie securely, and dispose of with other household trash.