

# PHYSICIAN'S EVALUATION

## Part A: Parent's Consent (To Be Completed by Parent)

Child's Name \_\_\_\_\_ born, \_\_\_\_\_ is being studied for readiness to enter JOYFUL NOISES CHRISTIAN PRESCHOOL. This Preschool provides a program, which extends from 9:00 a.m. to 12:00 noon, 2 or 3 days a week. The daily activities include vigorous outdoor play. The schedule includes a morning snack.

Please provide a report on above-named child using this form. I hereby authorize release of medical information contained in this report to the above-named Preschool.

\_\_\_\_\_  
Signature of Parent, Guardian, or Child's Authorized Representative

\_\_\_\_\_  
Date

## Part B: Physician's Report (To Be Completed by Physician)

Hearing: \_\_\_\_\_ Allergies or Medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect Stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language / Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Problems of which the preschool should be aware: \_\_\_\_\_

Other (include behavioral concerns): \_\_\_\_\_

Comments / Explanations: \_\_\_\_\_

Medication Prescribed / Special Routines / Restrictions for this Child: \_\_\_\_\_

## Immunization History (Fill out or enclose California Immunization Record, PM-298)

Vaccine	Month/Date/Year Each Dose was Given				
	1	2	3	4	5
Polio (OPV or IPV)					
DTP/DTaP DT/Td					
MMR (Measles, Mumps, and Rubella)					
HIB Meningitis (Haemophilus B)					
Hepatitis B					
Hepatitis A					
Varicella (Chickenpox)					

Screening of TB Risk Factors (listing on reverse side)

Risk factors not present; TB skin test not required.       Risk factors present, Mantoux TB skin test performed (unless previous positive skin test documented).

Communicable TB disease not present.

I have     I have not    Reviewed the above information with the parent / guardian.

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of:

Physician       Physician's Assistant       Nurse Practitioner

## Risk Factors for TB in Children:

- Have a family member or contacts with a history of confirmed or suspected TB.
- Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- Live in out-of-home placements.
- Have, or are suspected to have, HIV infection.
- Live with an adult with HIV seropositivity.
- Live with an adult who has been incarcerated in the last five years.
- Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- Have abnormalities on chest X-ray suggestive of TB.
- Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.