



EARLY CHILDHOOD AND FAMILY EDUCATION  
Phone: 951-352-8290 Fax: 951-328-2538

SCHOOL:

**received**

**PHYSICAL EXAMINATION**  
**ALL SECTIONS COMPLETED BY DOCTOR**

A CHDP equivalent health examination is required for entrance into the program

Date of exam: \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Please list significant health history regarding child i.e. allergies, asthma, heart disease, etc.

**SCREENINGS:**

Hearing: ☐ Pass ☐ Fail Height \_\_\_\_\_ Weight \_\_\_\_\_  
Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_ Strabismus: ☐ Pass ☐ Fail

**REQUIRED FOR PROGRAM ENTRY**

**TB CLEARANCE**

☐ No TB Risk factors identified, ***NO Test required.***

☐ TB Risk Factors Identified (*see back of this form*) ***TB Test Required***

Date TB skin test given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: ☐ Negative ☐ Positive

Chest X-ray Date: \_\_\_\_\_ ☐ Negative ☐ Positive

**LABORATORY VALUES**

Hemoglobin \_\_\_\_\_ Date \_\_\_\_\_ Anemia: Yes \_\_\_ No \_\_\_ Iron Supplements: Yes \_\_\_ No \_\_\_

Blood Lead Test \_\_\_\_\_ Date \_\_\_\_\_

**Lead test needs to be done at 24 months of age or older, if no record perform**

**EXAMINATION RESULTS**

Eyes	Skin	Endocrine
Ears	Lungs	Muscular Condition
Nose	Heart	Urine
Throat	Reflexes	Other:

Explanation and recommendations of any findings noted above \_\_\_\_\_

Is child cleared to enter Head Start/State Preschool? ☐ Yes ☐ No

List medications required at school (include medication name and dosage) \_\_\_\_\_

Provider (please Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice/Clinic Name, telephone number & address: \_\_\_\_\_

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### **RISK FACTORS FOR TB IN CHILDREN**

- Have a family member or contacts with a history of continued 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.