

**PHYSICIAN'S REPORT**  
 (Child's Pre-Admission Health Evaluation)  
**PART A—PARENT'S CONSENT (To be completed by parent)**

\_\_\_\_\_ (name of child) born \_\_\_\_\_ (Month/Day/Year)  
 is being evaluated for readiness to enter Little Lighthouse Preschool. The preschool provides a program which extends from 12:00pm-3:00pm five days a week. Please provide a report on the above-named child using the form below. I hereby authorize release of medication information contained in this report to Little Lighthouse Preschool.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART B—PHYSICIAN'S REPORT (To be completed by physician)**

Problems of which you should be aware \_\_\_\_\_  
 Hearing \_\_\_\_\_ Allergies/medicine \_\_\_\_\_  
 Vision \_\_\_\_\_ Insect Stings \_\_\_\_\_  
 Development \_\_\_\_\_ Food \_\_\_\_\_  
 Language/Speech \_\_\_\_\_ Asthma \_\_\_\_\_  
 Other (include behavioral concerns) \_\_\_\_\_

**IMMUNIZATION HISTORY (Fill out or enclose immunization record)**

VACCINE	DATE EACH DOSE WAS GIVEN				
	1ST	2ND	3RD	4TH	5TH
Polio (OPV or IPV)	/ /	/ /	/ /		
DTP/DTaP/DT/Td <small>DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY</small>	/ /	/ /	/ /	/ /	
MMR <small>MEASLES, MUMPS, AND RUBELLA</small>	/ /				
HIB Meningitis <small>HAEMOPHILUS B</small>	/ /	/ /	/ /	/ /	
Hepatitis B	/ /	/ /	/ /		
Varicella <small>CHICKENPOX</small>	/ /				
Hepatitis A	/ /	/ /			

**SCREENING OF TB RISK FACTORS**  
 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  have not  reviewed the above information with the parent/guardian.

Physician \_\_\_\_\_ Date of Physical Exam \_\_\_\_\_  
 Address \_\_\_\_\_ Date This Form Completed \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Physician       Physician's Assistant       Nurse Practitioner