PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

GUSD Preschool . This Child Care Center/School provides a program which extends from 3 : hrs
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , 5 days a week.

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

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

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	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4ith	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
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 ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This form Completed: _____
Signature: _____

☐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.

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

Child's Name: _____ **Birthdate:** _____ **Male/Female** **School:** GUSD-Preschool
Last, First **month/day/year**

Address_____ **Phone:** _____ **Grade:** Preschool
Street **City** **Zip**

Santa Clara County Public Health Department
TB Risk Assessment for School Entry

This form must be completed by a licensed health professional and returned to the child's school.

1. Was your child born in Africa, Asia, Latin America, or Eastern Europe?	❑ **Yes** ❑ **No**
2. Has your child traveled to a country with a high TB rate* (for more than a week)?	❑ **Yes** ❑ **No**
3. Has your child been exposed to anyone with tuberculosis (TB) disease?	❑ **Yes** ❑ **No**
4. Has a family member or someone your child has been in contact with had a positive TB test or received medications for TB?	❑ **Yes** ❑ **No**
5. Was a parent, household member or someone your child has been in close contact with, born in or traveled to a country with a high TB rate?*	❑ **Yes** ❑ **No**
6. Has another risk factor for TB (i.e. one of those listed on the back of this page)?	❑ **Yes** ❑ **No**

***** This includes countries in Africa, Asia, Latin America or Eastern Europe. For travel, the risk of TB exposure is higher if a child stayed with friends or family members for a cumulative total of 1 week or more.

If YES, to any of the above, the child has an increased risk of TB infection and should have a TST/ IGRA.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray. Treatment for latent TB infection should be initiated if the chest X-ray is normal and there are no signs of active TB. If testing was done, please attach or enter results below.

Tuberculin Skin Test (TST/Mantoux/PPD) Date given: Date read:	Induration _____ mm Impression: ❑ Negative ❑ Positive
Interferon Gamma Release Assay (IGRA) Date:	Impression: ❑ Negative ❑ Positive ❑ Indeterminate
Chest X-Ray (**required with positive TST or IGRA**) Date:	Impression: ❑ Normal ❑ Abnormal finding
☐ LTBI treatment (Rx & start date): ☐ Contraindications to INH or rifampin for LTBI	☐ Prior TB/LTBI treatment (Rx & duration): ☐ Offered but refused LTBI treatment

Providers, please check one of the boxes below and sign:

☐ Child has no TB symptoms, none of the above or other risk factors for TB and does not require a TB test.

☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.

_____ _____
Health Provider Signature, Title **Date**

Name/Title of Health Provider:

Facility/Address:

Phone number: **Fax number:**

County of Santa Clara
Public Health Department

Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440

Risk Factors for Tuberculosis (TB) in Children

- Have clinical evidence or symptoms of TB
- Have a family member or contacts with history of confirmed or suspected TB
- Are in foreign-born families from TB endemic countries (including countries in Africa, Asia, Latin America or Eastern Europe)
- Travel to countries with high rate of TB
- Contact with individual(s) with a positive TB test
- Abnormalities on chest X-ray suggestive of TB
- Adopted from any high-risk area or live in out-of-home placements
- Live with an adult who has been incarcerated in the last five years
- Live among or frequently exposed to individuals who are homeless, migrant farm workers, residents of nursing homes, or users of street drugs
- Drink raw milk or eat unpasteurized cheese (i.e. queso fresco or unpasteurized cheese)
- Have, or are suspected to have, HIV infection or live with an adult with HIV seropositivity. See below for testing methods in children with HIV or other immunocompromised conditions.

Testing Methods

A Mantoux tuberculin skin test (TST) or an Interferon Gamma Release Assay (IGRA) (for children aged 4 and older) should be used to test those at increased risk. A TST of ≥10mm is considered positive. If a child has had contact with someone with active TB (yes to question 3 on reverse) then TST ≥5mm is considered positive.

Screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review in HIV infected or suspected HIV, other immunocompromised conditions or if a child is taking immunosuppressive medications such as prednisone or TNF-alpha antagonists.

Referral, Treatment, and Follow-up of Children with Positive TB Tests

- All children with a positive TST or IGRA result should have a medical evaluation, including a chest X-ray.
- Report any confirmed or suspected case of TB disease to the TB Control Program within 1 day, including any child with an abnormal chest X-ray.
- If TB disease is not found, treat children and adolescents with a positive TST or IGRA for latent TB infection (LTBI).
- Isoniazid (INH) is the drug of choice for the treatment of LTBI in children and adolescents. The length of treatment is 9 months with daily dosing: 10-15mg/kg (maximum 300 mg).
- For management and treatment guidelines for TB or LTBI, go to: www.cdc.gov/tb or contact the TB Control Program at (408) 885-4214.

References

American Academy of Pediatrics, Committee on Infectious Diseases. Tuberculosis. In L.K. Pickering (Ed.), 2009 *Red Book: Report of the Committee on Infectious Diseases*. 27th ed. El Grove Vilage, IL: American Academy of Pediatrics, 2009:680-701.

California Health and Safety Code Section 121515.

Pediatric Tuberculosis Collaborative Group. Targeted Tuberculin Skin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents. *Pediatrics* 2004; 114 (14):1175-1201.

Pang J, Teeter LD, Katz DJ, et al. Epidemiology of Tuberculosis in Young Children in the United States. Pediatrics, 2014:494-504.