



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with 4 columns: Vision - Without Glasses, Vision - With Glasses, Hearing - Right, Hearing - Left. Rows include Passed, Failed, Referred checkboxes.

Gross dental (teeth and gums) Head/scalp/skin Eyes/Ears/Nose/Throat Chest/Lungs/Heart Abdomen Postural assessment. Normal/Abnormal checkboxes and Refer/Tx lines.

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Checkboxes for Vision, Hearing, Speech/Language, Physical, Social/Behavioral, Cognitive.

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below. (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- Checkboxes for school participation: fully, or with restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp). Includes name LYNN KEEFE, MD and address 2600 PARTIN DRIVE N, BLDG. 300, STE. 320 NICEVILLE, FL 32578.

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Risks: Recent immigrant (< 5 years), frequent visitor to TB endemic areas, Close contact to active TB case, Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user, HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)? If symptoms are present, work-up or refer for TB disease evaluation.