

## Hi Doctor & Staff!

Our preschool programs follow the CHDP Periodicity Schedule and those that are HEAD START funded in particular, have some mandatory health reporting requirements. If they are not obtained the parent will be required to come to you again for this information.

All Physical Exam forms must be complete and include :

- x the date(s) for the 2 yr. blood lead (or more current) and hemoglobin,
- x complete Risk Assessment sections for TB and

Sacramento City Unified School District - Child Development Department

Fax: Hiram Johnson: (916) 277-6698

### Preschool Physical Examination

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Preschool: \_\_\_\_\_

Parent's/Guardian's Authorization: I hereby give my consent to Child Development Department representative and my physician to exchange health information concerning my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required** (Note: Incomplete or blanks in this section will be returned to Physician to complete)

Date: \_\_\_\_\_ Hemoglobin/Hematocrit: \_\_\_\_\_ At Risk for Anemia? Yes † No †