

Canton Public Schools
New Student Registration Medical Questionnaire

Name of Child _____

Address _____ Telephone# _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Mother's Name _____

Legal Guardian: Both Parents Father Mother Other (Name)

If divorced or separated, which residence is child living: _____

Father's Occupation _____ Mother's Occupation _____

Previous school attended: _____ Exit date: _____

Address: _____ State: _____

Medical Data

Blue CT State Health Form with Immunizations Yes No (if entering gr. K, 7, or 11)

If No: Date of M.D. appointment: _____

Family Doctor/Primary Care Provider _____

Family Dentist _____

Name of Health Insurance Coverage _____

If your child is uninsured, would you like information regarding

State Husky Plan Yes No

School Accident Insurance Yes No

Has your child had any of the following? (Please describe)

Accidents (Date and description) _____

Allergies:

Food Yes No (if yes, describe reaction and treatment)

Insect Stings Yes No (if yes, describe reaction and treatment)

Medication Yes No (if yes, describe reaction and treatment)

Environmental Yes No (if yes, describe reaction and treatment)

Asthma Yes No (if yes, list what triggers it) _____

Symptoms _____

Inhaler/medications? Yes No (if yes, list name) _____

Seizures Yes No (If yes, on any medication?) _____

Congenital Anomaly Yes No

Diabetes Yes No

Ear Infections Yes No Ear Tubes Yes No

Encephalitis Yes No Rheumatic Fever Yes No

Head Injury Yes No Scarlet Fever Yes No

Heart Disease Yes No Scoliosis Yes No

Hernia Yes No Tonsillitis Yes No

Kidney Disease Yes No Strep Infection Yes No

Lead Poisoning Yes No Tuberculosis Yes No

Meningitis Yes No Whooping Cough Yes No

Operations (include date) Yes No

Other _____

Please describe any physical disability or serious illness _____

Is your child receiving medication? Yes No (If yes, please list) _____

Additional information that may be pertinent to your child's well being? _____

Parent/Guardian Signature _____ Date _____

Canton Public Schools TB Screening/Results

Name: _____ DOB _____ Age _____ Sex _____

Address: _____ Phone _____

Tuberculosis screening guidelines for Connecticut Schools.

It is recommended that at each mandated examination, an assessment be made of the risk of exposure to tuberculosis. It is further recommended that all school districts mandate that any child determined to be at high risk be tested and that anyone found to be positive have an appropriate management plan developed. Schools should assure that all students originally from high risk countries who are entering school in Connecticut for the first time receive a tuberculin skin test. A history of BCG vaccination is not a contraindication to testing nor should it be considered in interpretation of the skin test result.

High Risk Countries:

All countries in Africa, Asia (including former Soviet Union), Eastern Europe, Central and South America, Dominican Republic and Haiti.

It is the procedure of the Canton Board of Education that prior to entrance into the Canton School System, students must:

- **Show proof of at least one test for tuberculosis OR**
- **A documented negative tuberculosis risk assessment (See Below) signed by a physician or his/her designee.**

Tuberculosis (TB) Risk Assessment

Risk Factor	Yes	No
Has the child been in close contact with anyone with or suspected of having active TB?		
Was the child born in or traveled to high prevalence areas (i.e. Asia, Africa, Eastern Europe, Latin America-Haiti, Dominican Republic, etc.)?		
Has the child been in regular contact with anyone with the following: HIV, incarceration, homelessness, migrant worker, illicit drug use?		
Has the child lived in a residential setting, foster care, a long term care facility, a homeless shelter?		
Has the child had an organ transplant or is the child immunosuppressed?		
Does the child have any medical conditions associated with increased risk of progressing to TB Disease if infected (e.g., HIV, diabetes mellitus, cancer, end stage renal disease, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for given population)?		

No risk factors were found, no PPD is indicated and client can attend school

Risk factors found PPD test done on _____

Positive _____ mm

Negative

If PPD is positive or if there are signs and symptoms of active TB, a Chest X-ray is indicated prior to attending school.

Chest X-ray done on _____ **Negative for active TB**

Cleared for school entry

Provider Name: _____

Provider Signature: _____ **Date** _____