



NEWPORT COAST CHILD DEVELOPMENT PRESCHOOL

Parent/Toddler Adult Participant Form

California requires all parent participants in the Parent/Toddler program to be in good health and to provide proof of TB clearance before attending class (see below). Please complete and return one form for each adult who will attend PT with your child.

Health Statement

I, the undersigned, affirm that I am in good health to participate in the preschool program.

Print Name _____

Signature _____

Date _____

Tuberculosis (TB) Clearance

This form, or a similar one provided by your medical professional, must be completed and signed/ stamped by a licensed medical professional within one year prior to the start date of the PT program. *

Patient Name _____

DOB _____

TB/Mantoux/PPD Lot Number _____

Exp Date _____

TB/Mantoux/PPD Placement Date _____

Location _____

TB/Mantoux/PPD Read Date _____

Results _____

Print Name _____ Physician Physician's Assistant Nurse Practitioner

Signature _____

Date _____

Stamp

*NOTE: Nursing or expectant mothers are exempt from TB testing. Please indicate:

Pregnant
Due Date _____

Nursing
Anticipated End Date _____

California Title 22, Division 12
Chapter 1: Child Care Center General Licensing Requirements
Article 6
Section 101216

- (3) The good physical health of each volunteer who works in the center shall be verified by:
 - a. A statement signed by each volunteer affirming that he/she is in good health.
 - b. Results of a test for tuberculosis performed not more than one year prior to or seven days after initial presence in the center.