



The Children's Workshop, Inc.
PO Box 493
North Kingstown, RI 02852

(401) 884-8966

Dear Parent or Guardian:

In order for any child to attend any school in Rhode Island, it is mandated that a Physician's Record of Immunization and a Pre-Admission Examination be provided to school officials.

Please complete and sign this page, and have the attached form completed by your physician and return them both to the school.

Child's Name: _____

Has your child had a Tuberculin (TB) skin test? Yes No

If yes - Date: _____ **Result:** Positive Negative

Has your child had a lead screening test? Yes No

If yes - Date: _____ **Result:** Positive Negative

Has your child ever visited a dentist or dental clinic? Yes No

Are there any conditions which should be brought to the attention of a teacher and/or nurse in school, e.g., allergies (food, drug or environmental), seizures, surgery, etc? Yes No

If yes, please specify:

Parent/Guardian signature

Date