

**UWIGC  
HEALTH ASSESSMENT  
EARLY CHILDHOOD DEVELOPMENT AND FAMILY STUDIES  
PRACTICUM STUDENTS**

**Instructions: To be completed by a registered physician in your country**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Student UWIGC ID#:** \_\_\_\_\_

**Location of student:** \_\_\_\_\_

Indicate the

- 1. Is he/she free of communicable diseases?**

**Circle the appropriate answer- YES NO**

- 2. Is he/she medically fit to work with young children under five years?**

**Circle the appropriate answer- YES NO**

- 3. Latest Tuberculin Test (within the last 12 months)**

**Date:** \_\_\_\_\_ **Results:** \_\_\_\_\_

- 4. If Tuberculin Test is Positive, Chest X-ray is required**

**Date:** \_\_\_\_\_ **Result of Chest X-ray:**

\_\_\_\_\_  
\_\_\_\_\_

**All immunization shots should be valid and recent.**

<b>Immunization Type</b>	<b>Date of Immunization</b>
Tetanus	
Polio	
Measles	
Mumps	
Rubella	
Hepatitis B (if appropriate):	

**Date:** \_\_\_\_\_ **Physician's Signature & Stamp:** \_\_\_\_\_

**Physician's Address & Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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