

# STARR KING PARENT CHILD WORKSHOP

## Parental Health Statement

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Name Date of Birth

This screening is being requested in connection with an application for participation in the Starr King Parent-Child Workshop. This is a pre-school program and parental duties include contact with groups of young children.

Based on past and present health history and examination, do you consider this person physically and emotionally able to participate in this program?

Yes  No

### Tuberculosis Skin Test

Date Applied \_\_\_\_\_

Date Read \_\_\_\_\_

### Result

Negative

Positive

Action taken if positive

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Care Practitioner