

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME – Last	First	Middle	Birth Date – Month/Day/Year
Address – Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION IMMUNIZATION RECORD

NOTE: All tests and evaluation except the blood lead test must be done after the child is 4 years and 3 months of age. **Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record. **Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)	VACCINE	DATE EACH DOSE WAS GIVEN				
			First	Second	Third	Fourth	Fifth
Health History	____/____/____	POLIO (OPV or IPV)					
Physical Examination	____/____/____	DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
Dental Assessment	____/____/____	MMR (measles, mumps, and rubella)					
Nutritional Assessment	____/____/____	HIB MENINGITIS (Haemophilus Influenzae B) (Required for childcare/preschool only)					
Developmental Assessment	____/____/____	HEPATITIS B					
Vision Screening	____/____/____	VARICELLA (Chickenpox)					
Audiometric (hearing) Screening	____/____/____	OTHER					
Tuberculin Test (Mantoux/PPD)	____/____/____	OTHER					
Blood Test (for anemia)	____/____/____						
Urine Test	____/____/____						
Blood Lead Test	____/____/____						
Other	____/____/____						

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

<p>RESULTS AND RECOMMENDATIONS</p> <p>Fill out if patient or guardian has signed the release of health information.</p> <p><input type="checkbox"/> Examination shows no condition of concern to school program activities.</p> <p><input type="checkbox"/> Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: <i>(please explain)</i></p>	<p>I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.</p> <p><input type="checkbox"/> Please check this box if you do not want the health examiner to fill out Part III.</p> <p>➤ : _____ Signature of parent or guardian _____ Date</p> <p>Name, address, and telephone number of health examiner</p> <p>➤ : _____ Signature of health examiner _____ Date</p>
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If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171B) found at your child's school.