

SAINT CHARLES BORROMEIO SCHOOL
HEALTH RECORDS REQUIRED FOR ENTRANCE

The State of California – department of Health Services, requires the following records. We must have this **BEFORE THE FIRST DAY OF SCHOOL**, or your child will **NOT** be allowed in the classroom.

1. Polio Vaccine:

3 doses, but the last dose MUST have been AFTER the 4th birthday

2. Diphtheria, Tetanus & Pertussis:

4 doses, but the last dose MUST have been AFTER the 4th birthday

3. Measles, Mumps & Rubella:

1 dose MUST have been on or AFTER the 1st birthday

4. Second Measles containing Vaccine (Measles or MMR):

1 dose, also on or after 1st birthday

5. TB Skin Test:

Mantoux type, date given AND date “read” MUST be within 1 year of the entrance to Kindergarten

6. Hepatitis B:

3 doses, required for entry

7. Varicella:

Required to all entering kindergarten.

8. Pertussis vaccine booster: (Tdap)

7th and 8th grade students will need proof of a Tdap shot before starting school

- ❖ For all of these records we need the date given and the signature of the health care provider. The yellow Immunization Record is adequate.
- ❖ For those entering Kindergarten, most of these requirements will be met at the 5-year checkup. Please remember to schedule the check up **BEFORE THE START OF SCHOOL**.
- ❖ Health records are required of all new students entering Saint Charles Borromeo School. If you have any questions. PLEASE ASK! These are all State of California requirements and will be the same for any school your child applies to.
- ❖ All students are required by law to have a physical examination within 18 months of entrance to 1st grade.
- ❖ Please note: 7th grade must also give proof of 2 measles and 3 hepatitis B/diphtheria-tetanus booster and varicella are recommended but not required.

SAINT CHARLES BORROMEIO SCHOOL
HEALTH QUESTIONNAIRE

Please complete the following information:

Student's Name: _____

Date: _____

The following information regarding your child is requested. This information will be maintained in a confidential file in the health and school office. It will be used only in the event of a medical emergency.

1. Does your child take any medication? Please include medication taken including those taken only at home for specific conditions (asthma inhalers, allergy medications, etc.)

2. Does your child wear glasses? _____
3. Does your child wear contact lenses? _____
4. Does your child have allergies to any of the following?:

Food _____
Medication _____
Insect Bites _____
Animal Fur _____
Other _____

Please provide specifics to any yes answers:

5. Has your child ever been diagnosed with any of the following?:

Asthma _____
Bleeding Disorders _____
Seizures _____
Seizures Associate with Fevers _____
Diabetes _____
Other _____

6. Has your child ever had surgery? _____

Please provide any specifics:

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE.