

**SAN GABRIEL UNIFIED SCHOOL DISTRICT
SAN GABRIEL, CALIFORNIA
GENERAL HEALTH INFORMATION**

Male Female

STUDENT'S NAME _____	GRADE _____	BIRTH DATE _____	BIRTHPLACE _____	GENDER
ADDRESS _____	CITY _____	ZIP _____	PHONE _____	
Father's Name _____	Mother's Name _____	Guardian's Name _____		

BIRTH HISTORY

Weight _____lb _____oz length of pregnancy _____ delivery method _____

Duration of labor _____ complications of pregnancy? _____yes _____no

Child's condition at birth: _____

Problems during 1st month? (please check) Jaundice____ Anemia____ Breathing____ Convulsions____ Feeding____

Other _____

DEVELOPMENTAL HISTORY

Stage of Development	Age	Stage of Development	Age
Sit up without help	_____	Learn to use the toilet	_____
Crawl	_____	Dress self	_____
Walk	_____	Play with toys	_____
First words	_____	Complete sentences	_____
Understand what is said to him/her	_____	Feed self	_____

Has child had learning problems: Yes No (Explain, If "yes") _____

PAST MEDICAL HISTORY

Illness/Condition		Illness/Condition	
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Red Measles (10 day)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rubella (German Meas.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tonsillitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear Infections (chronic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tics-Twitching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent Colds	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Hospitalization (Reason) _____ Surgeries (List) _____

FAMILY HISTORY: (Mark Yes or No the diseases any family member has had, Parents, Grandparents, Siblings, Aunts, Uncles, etc.)

Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bleeding Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcoholism/Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL FAMILY HEALTH:

Mother Good Fair Poor _____
Learning Disabilities, if any

Father Good Fair Poor _____
Learning Disabilities, if any

Brother's Good Fair Poor _____
Learning Disabilities, if any

Sister's Good Fair Poor _____
Learning Disabilities, if any

OTHER HEALTH INFORMATION THAT THE SCHOOL SHOULD HAVE: _____

PARENT SIGNATURE

DATE

**SAN GABRIEL UNIFIED SCHOOL DISTRICT
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HEALTH INFORMATION**

_____ Student's Name _____ Grade _____ Birth date _____

Known Eye problem _____ Glasses _____ Contact Lens _____ Preferential seating _____

Wears glasses/contacts _____ all the time _____ for reading _____ for distance

Under the care of Dr. _____

Known Hearing Problem _____ Hearing Aid _____ Preferential seating _____

Under the care of Dr. _____

Speech Problem/Therapy _____ Orthopedic Problem _____

_____ Limitations _____

Heart Problem _____

_____ Limitations _____

Is child on any medications _____ Yes _____ No

Hyperactive _____ Medication (name) _____ At home _____ At School _____

Seizure Disorder _____ Medication (name) _____ At home _____ At School _____

Asthma _____ Medication (name) _____ At home _____ At School _____

Allergic to _____ Precautions _____ Medication (name) _____

Bee Sting Allergy _____ Instructions if stung _____

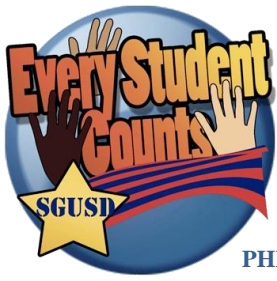
Hemophilia _____ Instructions if bleeding or injured _____

Diabetes _____ Signs/symptoms of impending problems _____

Frequent nose bleeds _____ Any special instructions _____

OTHER SIGNIFICANT ILLNESS, ACCIDENTS, OPERATIONS, LIMITATIONS AND MEDICATIONS

Parent Signature _____ Date _____



SAN GABRIEL UNIFIED SCHOOL DISTRICT

408 JUNIPERO SERRA DRIVE • SAN GABRIEL, CALIFORNIA 91776
(626) 451-5400 • FAX (626) 451-5494 • www.sgusd.k12.ca.us

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Dear Parent/Guardian:

The Child Health and Disability Prevention Program (CHDP) is a preventive health program serving California's children and youth. CHDP makes early health care available to eligible children, not only children with obvious health problems, but also for children that may have unsuspected health conditions. Immunizations are also provided from 0 -18 years of age. **Children are required to have a physical examination prior to entering first grade. We strongly recommend that children get this physical examination completed before enrolling in Kindergarten. This will fulfill the first grade requirement. If this is a first enrollment into school, we have enclosed the Report of Health Exam for School Entry - PM171A, to be completed by the medical provider. You may have this examination completed by your own medical provider or you may contact one of the Low Cost/Free Health Care providers listed on the back of this page.**

Estimado padre de familia/tutor:

El programa llamado "The Child Health and Disability Prevention Program (CHDP)" (Programa de Salud y prevención de Incapacidad Infantil), es un programa preventivo de salud, sirviendo a la niñez y a la juventud de California. CHDP, hace que el cuidado de las salud a edad temprana este disponible a los niños elegibles o solamente a los niños con obvios problemas de salud, sino también a los niños que parecen estar en buenas condiciones. Se proporcionan inmunizaciones desde recién nacido hasta los 18 años. A los niños se les requiere tener un examen físico antes de entrar a primer grado. Nosotros firmemente recomendamos que los niños obtengan este examen físico antes de ser matriculados en kindergarten. Esto llenara el requisito de primer grado. Si esta es la primera matriculación en la escuela, nosotros hemos adjuntado el reporte llamado "Report of Health Exam for School Entry - PM171A" (Reporte del Examen Físico para el Ingreso Escolar PM171A), para ser completado por el medico o agencia proveedora. Usted también puede hacer que esta exanimación sea completada por su medico de cabecera o puede contactar a alguno de los proveedores de bajo costo o gratuito enlistado al respaldo de esta pagina.

親愛的家長 / 監護人：

兒童保健及殘疾預防計劃（CHDP）是一項為加州兒童和青年服務的預防性健康計劃。CHDP為資格的兒童提供早期健康保健，不僅為孩子有明顯的健康問題，亦為兒童可能有未料到的健康狀況。免疫預防亦提供于 0 -18歲兒童。兒童入讀一年級之前，必須有一個身體檢查。我們強烈建議孩子在登記幼稚園之前完成這個體檢。這將滿足小學一年級的要求。如果這是第一次註冊入學，我們連同了一份入學健康檢查報告- PM171A，須由醫療服務機構完成。您可以選由您自己的醫療服務機構完成這份檢查報告，或可聯絡本頁背面所列的任何低費/免費的醫療保健機構。

ADMINISTRATION

DAVID YOSHIHARA, Ed.D., *Superintendent* • MARIA NONETTE MARTIN, *Assistant Superintendent, Business Services*
MAYRA PEREZ, Ed.D., *Assistant Superintendent, Educational Services* • ANNA MOLINAR, *Assistant Superintendent, Human Resources*

NO COST OR LOW COST HEALTH CARE SERVICES

CONTACT CLINIC/CENTER FOR HOURS AND NO COST OR LOW COST ELIGIBILITY

HEALTH CENTER	HEALTH CENTER
<p>El Monte Comprehensive Health Center 10953 Ramona Blvd El Monte, CA 1-800-383-4600</p>	<p>San Gabriel Valley Dental Society 312 E. Las Tunas Dr. San Gabriel, CA 91776 Service/Intake: 626.285.1174 FAX: 626.285.4873</p>
<p>Monrovia Health Center 330 West Maple Avenue Monrovia, CA 91016 626-256-1600</p>	<p>Facey Medical Foundation - San Gabriel 207 S. Santa Anita San Gabriel, CA 91776 (626) 576-0800</p>
<p>Tzu Chi Buddhist Free Clinic 1000 South Garfield Avenue Alhambra, CA 626-281-3383</p>	<p>Herald Christian Health Center 923 S. San Gabriel Blvd San Gabriel, CA 91776 (626) 286-8700</p>
<p>Cleaver Family Wellness Clinic 4368 Santa Anita Avenue El Monte, CA 626-579-0290</p>	<p>Dreamweaver Medical Group 330 West Las Tunas Drive San Gabriel, CA 91776 626-284-3300 Phone</p>
<p>Edward Roybal Comprehensive Health Center 245 South Fetterly Avenue Los Angeles, CA 90022 (323) 780-2373</p>	<p>Care1st 866-820-6009</p>
<p>Free and Low-Cost Health Services 1-800-427-8700</p>	<p>Healthy Families 1-888-747-1222</p>

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