



CASTAIC UNION SCHOOL DISTRICT

28131 Livingston Avenue
Valencia, California 91355
(661) 257-4500 fax (661) 257-3596

PHYSICAL EXAMINATION:

Dear Parents and Guardians:

The Child Health and Disability Prevention law requires all first grade pupils, or pupils who are (6) six years old, to have a medical screening within eighteen (18) months before entering first grade. Proof that the screening has been done must be filed at the school. The enclosed "Report of Health check-up for School Entry," form number PM 171A, is to be used for this purpose and should be completed by the person who provides the screening.

In the event your family income is below a certain amount and you wish your child to have the medical screening without cost, you may contact your local health care center for information as to how this may be accomplished.

If you do not want your child to have this medical screening, you must indicate the reason why, sign the "Waiver of Health Check-up for School Entry", form number PM 171B, and return it to your child's school.

We urge you to attend to this matter as soon as you can. **The exam form or waiver must be in the school office by the first day of school.**

Sincerely,


Laurie Farmer, R.N. District School Nurse

LF/mw

Physicals will be given at:
Sam Dixon Clinic
257-4008 for an appointment

North East Valley Health Corporation
(Formerly Valencia Health Center)
287-1551

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

ADDRESS—Number/Street City ZIP Code

SCHOOL BIRTHDATE—Month/Day/Year

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

REQUIRED TESTS/EVALUATIONS	DATE
Health History	
Physical Examination	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (Mantoux/PPD)	
Blood Test (for anemia)	
Urine Test	
Blood Lead Test	
Other	

NOTE: All tests and evaluations 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).

IMMUNIZATION RECORD

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTaP/DT/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickpox) (Not required)					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

- Fill out if patient or guardian has signed the release of health information.
- Examination shows no condition of concern to school program activities.
 - Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

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.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

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 171 B) found at your child's school.