# WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

| CHILD'S NAME – Last | First | | Middle | DATE OF BIRTH – Month/Day/Year |
|---|---|---|---|---|
| | | | | |
| ADDRESS – Number, Street | City | ZIP Code | SCHOOL | Teacher |
| | | | | |

**PARENT OR GUARDIAN:**

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

**NOTE:** SIGNING THIS WAVER **DOES NOT** EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

☐ I choose not to have my child receive a health examination as part of the school entry requirement.

☐ I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

_____

_____ _____

Signature of parent or guardian Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.
CHDP website: www.dhs.ca.gov/chdp

PM 171 B (Bilingual) (09/07)