

San Francisco Unified School District School Health Form - 2022/2023

NOTE: Kindergarten entrance physical examination to be done **no earlier than March** of the year the child enters Kindergarten

Child's Name: _____ Birthdate: _____ Male Female Non-binary School/Grade: _____
 Last, First month/day/year

Address: _____ Phone: _____ E-mail: _____
 Street City Zip Home Cell Work

Release of Health Information: I give permission to share the results of this examination with the School _____
 Signature of Parent/Caregiver Date

COMPLETED BY HEALTH PROVIDER IMMUNIZATION RECORD (EACH child should have a completed or updated official **Immunization Record**)

Vaccine	Dose Given: Month / Day / Year					<input type="checkbox"/> Child received a negative TB Risk Assessment * Risk factors on reverse
	1 st	2 nd	3 rd	4 th	5 th	
Polio (IPV/OPV)						Tuberculin Skin Test: <input type="checkbox"/> Mantoux/TST <input type="checkbox"/> IGRA blood test Date: _____ Induration: _____ mm Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive
DTaP (Diphtheria, Tetanus, Pertussis)						
Td (Tetanus, Diphtheria)						
Tdap (Tetanus, Diphtheria, Pertussis)						
MMR (Measles, Mumps, and Rubella)						
Hib (Haemophilus influenza Type B)						Chest X-Ray/RX: Required with Positive TB Skin or TB Blood Test CXR Date: _____ Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive RX treatment & duration: _____
Hepatitis B						
Varicella (Chicken Pox)						
Had Varicella – Date: _____ Attach medical exemption to this form						Health Provider – please sign form below

EXAM DATE	SUMMARY OF FINDINGS/CONDITIONS	REFERRALS - F/U
Screenings	Weight: _____ Height: _____ BMI%ile: _____ B/P: _____ Lead: _____ Hgb/Hct: _____ U/A: _____	
Vision/Hearing	Near Vision: R: 20/____ L: 20/____ Both: 20/____ Color Vision (2nd grade boys): <input type="checkbox"/> Pass <input type="checkbox"/> Fail Distance Vision: R: 20/____ L: 20/____ Both: 20/____ <input type="checkbox"/> Has glasses Hearing: R: <input type="checkbox"/> Pass <input type="checkbox"/> Fail L: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Physical Examination	<input type="checkbox"/> Medical condition(s) identified *Specify: _____ <input type="checkbox"/> Medication taken at school: ** _____ <input type="checkbox"/> At home: _____ <input type="checkbox"/> Restrictions from school activities Specify: _____ *Care Plan(s) are required for conditions needing daily or emergency services at school. **Medication Form required for each medication. Forms can be found at sfusd.edu/health-requirements <input type="checkbox"/> Examination revealed NO condition relevant to the school program, e.g. allergies, asthma, cardiac, diabetes, epilepsy, other	
Dental Assessment	<input type="checkbox"/> NO dental problems <input type="checkbox"/> Dental problems Specify: _____	
Developmental Assessment	<input type="checkbox"/> Development is within age expectations <input type="checkbox"/> Developmental concern(s) Specify: _____ <input type="checkbox"/> Developmental diagnosis Specify: _____	
Nutritional Assessment		
Other		

Signature/Title of Health Provider	Date / /	Address/Phone (Print/Stamp)
Name (Please print or stamp)		

SCHOOL HEALTH FORM FOR SCHOOL ENTRY – Grades TK/K-12

REFERENCE: Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075; CDPH Immunization Branch ShotsForSchool.org (4/17)

IMMUNIZATION REQUIREMENTS: To enter or transfer into public and private elementary and secondary schools (Grades transitional kindergarten through 12), children under age 18 years must have immunizations as outlined below. In order to start school, the student must have at least 1 dose of every required vaccine, and no deadline for any missing dose has passed.

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1,2,3}				
TK/K-12 Admission	4 Polio ⁴	5 DTAP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	1 Tdap				
7 th Grade Advancement ^{9,10}	1 Tdap ⁸				2 Varicella

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
- For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the first birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the seventh grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

EXEMPTIONS: Effective January 1, 2016, SB 277 eliminated personal and religious exemptions from immunization requirements for children in child care and public and private schools. The law allows personal belief exemptions (PBEs) submitted before January 1, 2016 to remain valid until an existing K-6 student reaches 7th grade. The following exempt categories will not have to meet existing immunization requirements for entry: home-based schools and students enrolled in an independent study program who do not receive classroom-based instruction.

For MEDICAL EXEMPTIONS: Effective January 1, 2021:

- Medical exemptions can only be issued through the California Immunization Registry – Medical Exemption website (CAIR-ME) (<https://cair.cdph.ca.gov/exemptions/home>) by physicians licensed in California.
- Schools and child care facilities may only accept new medical exemptions that are issued using CAIR-ME.
- The parent/guardian will need to create an account and log in to CAIR-ME to submit a request for a medical exemption. Next, the child's doctor needs to complete the medical exemption in CAIR-ME and print a copy for the parent/guardian to give to the child's school or child care facility.

TUBERCULOSIS (TB) SCREENING Requirements: A medical provider's risk assessment for TB infection is the universal requirement for entry into S.F. preschools and K-12 schools and must occur within 1 year before first entry to TK/K-12 schools in SF (children who were screened for preschool should also be screened at TK/K entrance). If no risk factors, the signature of health provider attesting to **no risk factors for TB** is acceptable. If a child has one or more risk factors for TB, the healthcare provider should perform a TB symptom review and administer a TB test (tuberculin skin test or interferon gamma release assay blood test/IGRA). Students must present evidence of TB clearance prior to school entry. (Reference: "Tuberculosis Screening Requirements at Preschool and K-12 School Entry" SFDPH Communicable Disease Prevention Unit updated March 11, 2019).

Risk Factors for Tuberculosis (TB) in Children

- Birth, travel, or residence in a country with an elevated TB rate for at least 1 month
 - Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
 - If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list)
 - Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old
- Immunosuppression (current or planned), HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication
- Close contact to someone with infectious TB disease during lifetime

THE KINDERGARTEN/FIRST GRADE HEALTH EXAMINATION

A completed physical exam is required for children entering school: For kindergarten, the exam should be within 6 months prior to school entry. For first graders the exam must be done no more than 18 months prior to entry. Lack of evidence of a physical examination may result in denial of entrance to school. (If you do not want your child to have an exam, sign the waiver form 171B obtained from your child's school.)