



County of San Diego

School Entry Health Checkups (Kindergarten/First Grade)

You want your child to be **healthy** to get the most out of school.

Early and regular **health checkups** can find, prevent and treat many health problems before they become serious.

That is why California has a **law** that says all children **must** have a health checkup before they enter first grade.

The health checkups must be completed **a year and a half (18 months) prior to or 90 days after** your child begins first grade to meet the school entry requirement.

A health checkup includes:

- ✓ A health history and physical examination
- ✓ Urine, blood and tuberculosis (TB) tests when necessary
- ✓ Dental screening
- ✓ Nutritional assessment
- ✓ Vision and hearing tests
- ✓ Immunizations, if necessary
- ✓ Developmental assessment
- ✓ Other tests, if needed

Before first grade begins:

If your child had a health checkup at kindergarten entry and a report is not already at the school, you need to get a report from your child's doctor or clinic and take it to the school where your child will begin first grade.

If you are not able to pay for this checkup, please call **Maternal, Child and Family Health Services** to find out if your child is eligible for a **no-cost** health checkup through the CHDP* (Child Health and Disability Prevention) Program **and** for on-going complete medical, dental and vision care at a price you can afford.

PLEASE CALL TODAY

1-800-675-2229

English and Spanish spoken

**CHDP is a state program that pays for health checkups and immunizations for children from low-income families and children on Medi-Cal.*

To bring to your doctor or clinic:

1. **The Report of Medical Examination for School Entry (Green Form - attached).** Please complete the top part of the form filling in all of the information requested from parent or guardian.
2. **Your child's yellow Immunization Card** (called the **California Immunization Record**). If you do not have this card, ask for one where your child had the last immunizations.
3. **A Benefits Identification Card (BIC).** Bring this if your child has Medi-Cal.

After the health checkup:

1. **Give the Report of Medical Examination for School Entry to the school.**
2. **Show the Immunization Card to the school.** Then take the card home and keep it in a safe place. You will need proof of immunizations many other times in your child's life.



Note . . .

If health checkups or immunizations are against your personal beliefs, you **must** sign a form at the school office.

If your child cannot receive immunizations because of a medical problem, bring a doctor's note to the school.

If there is a disease outbreak at the school and your child is not immunized against the disease, your child cannot attend school until the outbreak is over.

County of San Diego Health and Human Services Agency

P.O. Box 85222, San Diego, CA 92186-5222

(Español al dorso)

School Entry Health Checkup Requirement

Early and regular **health checkups** can find, prevent and treat many health problems before they become serious. That is why California has a **law** that says all children **must** have a health checkup **within the 18 months before first grade or up to 90 days after starting first grade**. Your child must also have certain immunizations or shots for school. Your doctor will be able to check your child's immunization record and see what shots are needed during the health checkup. Your doctor will complete this form, and you need to return it to your child's school.

If you are not able to pay for this checkup, please call Maternal, Child and Family Health Services to find out if your child is eligible for a health checkup at no cost and for ongoing medical and dental insurance:

1-800-675-2229

PART I - TO BE FILLED OUT BY THE PARENT OR GUARDIAN

CHILD'S NAME— Last	First	Middle Initial	School
ADDRESS— Number, Street	City	ZIP Code	Birth Date-Month/Day/Year

I want the medical provider to complete **Part II only**

PART II - TO BE FILLED OUT BY THE MEDICAL PROVIDER

Tests and Evaluations			Date	MEDICAL PROVIDER INFORMATION
Child's Height _____ inches	Child's Weight _____ lbs _____ ozs	Child's BMI Percentile _____ %		
Health/Development History				Name, Address, and Telephone Number: /
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Urine Dipstick/Urinalysis				
Dental Screening				
Tuberculin (TB) Skin Test/Risk Assessment				

DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? YES NO

PART III - TO BE FILLED OUT BY THE MEDICAL PROVIDER

Other Health Information (optional): For the child's welfare and with the permission of the parent or guardian it is recommended that significant health information be shared with the school. *Please contact the school nurse if the child needs help with medication at school.*

- Parent requests Part III not be filled out
- The examination revealed no conditions of importance to school or physical activity
- Conditions that need further evaluation or that can affect school or physical activity are (*please explain below*):

WAIVER OF MEDICAL EXAMINATION

I have been told about the medical examination recommended by health professionals and required by State law. I have also been told where and how my child can receive medical examinations at no cost, if such assistance is needed.

___ I do not want my child to receive a medical examination

___ I do want my child to receive a medical examination, but I am unable to get it because _____

Signature of Parent or Guardian

Date

