

## 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: \_\_\_\_\_ BIRTH DATE—Month/Day/Year: \_\_\_\_\_

ADDRESS—Number, Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP code: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**PART II TO BE FILLED OUT BY HEALTH EXAMINER**

**HEALTH EXAMINATION**

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

| REQUIRED TESTS/EVALUATIONS      | DATE (mm/dd/yy) |
|---------------------------------|-----------------|
| 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                           | / /             |

**IMMUNIZATION RECORD**

**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).

| VACCINE  | DATE EACH DOSE WAS GIVEN |        |       |        |       |
|--|--------------------------|--------|-------|--------|-------|
|  | First                    | Second | Third | Fourth | Fifth |
| POLIO (OPV or IPV)   |                          |        |       |        |       |
| DtaP/dT/dT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only) |                          |        |       |        |       |
| MMR (measles, mumps, and rubella)  |                          |        |       |        |       |
| H1B MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)             |                          |        |       |        |       |
| HEPATITIS B  |                          |        |       |        |       |
| VARICELLA (Chickenpox)   |                          |        |       |        |       |
| OTHER  |                          |        |       |        |       |
| OTHER  |                          |        |       |        |       |
| OTHER  |                          |        |       |        |       |

**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.*