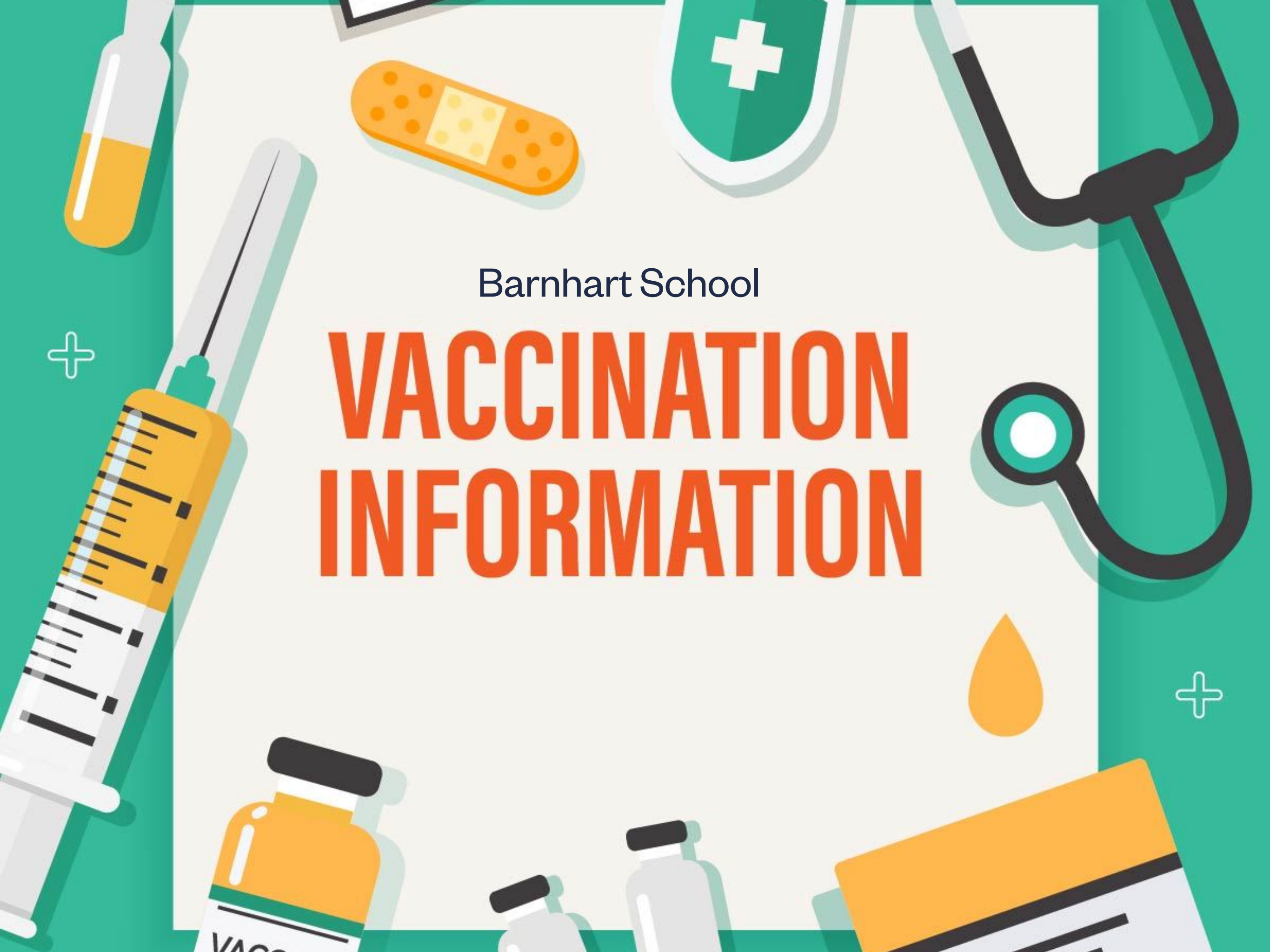




Barnhart School

VACCINATION INFORMATION

Students Entering TK or Kindergarten need:

- **Diphtheria, Tetanus, and Pertussis (DTap, DTP, Tdap, or Td) - 5 doses**
 - 4 doses OK if one was given on or after 4th birthday
 - 3 doses OK if one was given on or after 7th birthday
- **Polio (IPV or OPV) - 4 doses**
 - 3 doses OK if one was given on or after 4th birthday
- **Hepatitis B - 3 doses**
- **Measles, Mumps, and Rubella (MMR) - 2 doses**
 - Both doses must be given on or after 1st birthday
- **Varicella (Chickenpox) - 2 doses**

New & Transfer Students Entering TK/K-12th Grade need:

- **All immunizations listed above**
 - For 7th-12th graders; at least one dose of pertussis-containing vaccine is required on or after 7th birthday.
Hepatitis B vaccine is required for any grade, except entry into 7th grade.

Students Starting 7th Grade need:

- **Tetanus, Diphtheria, Pertussis Tdap) - 1 dose**
- **Varicella (Chickenpox) - 2 doses**

What other immunizations should I ask about?

When you visit your health care provider for back-to-school immunizations, make sure to ask about other vaccines that help keep your child healthy, **including Hepatitis A, COVID-19, and the annual flu vaccine.** Preteens and teens should also get the **human papillomavirus (HPV)** vaccine to protect against certain cancers and meningococcal vaccines.

Learn more about vaccines your child needs according to their age and where you can get your child immunized at [cdph.ca.gov](https://www.cdph.ca.gov)

Report of Health Examination for School Entry

- Please click the image below to download the Report of Health Examination for School Entry form to take to your health care provider. Please return the completed form to Aidee Monterroso, Director of Operations at amonterroso@barnhartschool.org

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

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	/ /
TB Risk Assessment and Test, if indicated	/ /
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/DTP/DT/Td (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 (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
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.

PM 171 A (09/07) (Bilingual)

CHDP website: www.dhcs.ca.gov/services/chdp