

## 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   | BIRTHDATE—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 |
|---------------------------------|------|
| 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/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis)<br>OR (tetanus and diphtheria only) |                          |        |       |        |       |
| MMR (measles, mumps, and rubella)   |                          |        |       |        |       |
| HIB MENINGITIS (Haemophilus Influenzae B)<br>(Required for child care/preschool only)               |                          |        |       |        |       |
| HEPATITIS B   |                          |        |       |        |       |
| VARICELLA (Chickenpox)  |                          |        |       |        |       |
| 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.**

