

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.

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).

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	____/____/____
Physical Examination	____/____/____
Dental Assessment	____/____/____
Nutritional Assessment	____/____/____
Vision Screening	____/____/____
Audiometric (hearing) Screening	____/____/____
Tuberculin Test (Mantoux/PPD)	____/____/____
Blood Test (for anemia)	____/____/____
Urine Test	____/____/____
Blood Lead Test	____/____/____
Other	____/____/____

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
Polio (OPV or IPV)					
DtaP/DPT/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					
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 you 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.
 CHDP website: www.dhs.ca.gov/chdp

