

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 (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 CA 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					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER

and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

TB SKIN TESTS

Type*	Date Given	Date Read	Mm indur	Impression	Chest X-Ray (if Pos)
<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film Date _____ Impression <input type="checkbox"/> normal <input type="checkbox"/> abnormal
<input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Person is free from Communicable tb: Yes / No

*If required for school entry, must be Mantoux unless exception granted by local health dept.

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.

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 r after further evaluation that are of importance to schooling or physical activity are: (please explain)

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.
 CHDP website: www.dhs.ca.gov/chdp