

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

IMMUNIZATION RECORD

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

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	VACCINE	DATE EACH DOSE WAS GIVEN				
			First	Second	Third	Fourth	Fifth
Health History		POLIO (OPV or IPV)					
Physical Examination		DTaP/DTp/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
Dental Assessment		MMR (measles, mumps, and rubella)					
Nutritional Assessment		HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
Developmental Assessment		HEPATITIS B					
Vision Screening		VARICELLA (Chickenpox)					
Audiometric (hearing) Screening		OTHER					
Tuberculin Test (Mantoux/PPD)		OTHER					
Blood Test (for anemia)		OTHER					
Urine Test		OTHER					
Blood Lead Test		OTHER					
Other							

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

Fill out if patient or guardian has signed the release of health information.

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.

- 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)

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.