PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

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.

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 whise the done after the child is 4 years and 3 months of age. REQUIRED TESTISEVALUATORS Date Dat	CHILD'S NAME-Last	First		Middle		BIR	BIRTHDATE-Month/Day/Year				
IMMUNIZATION RCORD	ADDRESS-Number/Street	City		ZIP Code	SCHOOL						
Note to Examiner: Please give the family a completed or updated yellov California Immunization Record. Note to School: Please record immunization dates on the blue California School Immunization Record (FW 28s). REQUIRED TESTS/EVALUATORS Bealth History POLIO (OPV or IPV) Nutritional Assessment POLIO (OPV or IPV) Nutritional Assessment POLIO (idphtheria, tetanus, and [acellular] pertussis) SOR (tetanus and diphtheria only) Vision Screening Audiometric (hearing) Screening Nutritional Assessment Note to School: Please record immunization dates on the blue California School Immunization Record (FW 28s). POLIO (OPV or IPV) Nutritional Assessment POLIO (OPV or IPV) Nutritional Assessment Nutritional Asses	PART II TO BE FILLED OUT BY HEALTH EXAMINER										
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Developmental Assessment Vision Screening MMR (measles, mumps, and rubella) Tuberculin Test (Mantoux/PPD) Blood Test (for anemia) Urine Test Blood Lead Test Other VARICELLA (Chickenpox) (required) PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER 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) Part III ADDITIONAL information Name, address, and telephone number of health examiner Please check this box if you do not want the health examiner to fill out Part III. Name, address, and telephone number of health examiner			DTaP/DTP/DT/Td (diphtheria, tetanus, and [acellular]								
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Signature of health examiner Date											
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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. 1171 A (2/99) (Bilingual)