

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.

**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.	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).
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REQUIRED TESTS/EVALUATORS	Date	VACCINE	DATE EACH DOSE WAS GIVEN				
			First	Second	Third	Fourth	Fifth
Health History							
Physical Examinations							
Dental Assessment		POLIO (OPV or IPV)					
Nutritional Assessment		DTaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
Developmental Assessment							
Vision Screening							
Audiometric (hearing) Screening		MMR (measles, mumps, and rubella)					
Tuberculin Test (Mantoux/PPD)		HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
Blood Test (for anemia)							
Urine Test							
Blood Lead Test		HEPATITIS B					
Other		VARICELLA (Chickenpox) (required)					

**PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**

<p><b>RESULTS AND RECOMMENDATIONS</b></p> <p>Fill out if patient or guardian has signed the release of health information</p> <p><input type="checkbox"/> Examination shows no condition of concern to school program activities.</p> <p><input type="checkbox"/> Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)</p>	<p>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.</p> <p><input type="checkbox"/> Please check this box if you <i>do not</i> want the health examiner to fill out Part III.</p> <p>⊗ _____ Signature of parent or guardian Date</p> <p>Name, address, and telephone number of health examiner</p> <p>⊗ _____ Signature of health examiner Date</p>
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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.*