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.

CHUD'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 DATED AFTER 03/01/2023 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 / / Developmental Assessment / Developmental Assessment / / Developmental Assessme	School will keep and maintain it as confid	lential information.							
ADDRESS—Number, Street City ZIP code SCHOOL		PARENT OR GUARD	IAN						
PART II TO BE FILLED OUT BY HEALTH EXAMINER HEALTH EXAMINATION DATED AFTER 03/01/2023 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 / / / Devolopmental Assessment / / / Devolopmen	CHILD'S NAME—Last First			Middle		ВІ	BIRTH DATE—Month/Day/Year		
MUNIZATION DATED AFTER 03/01/2023 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	ADDRESS—Number, Street	C	iity	ZIP code	SCHOOL				
Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. Means to done after the child is 4 years and 3 months of age. REQUIRED TESTS/EVALUATIONS DATE (mm/dd/yy) Health History	PART II TO BE FILLED OUT BY H	EALTH EXAMINER		ļ					
Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. Members be done after the child is 4 years and 3 months of age. REQUIRED TESTS/EVALUATIONS DATE (mm/dd/yy) Health History	HEALTH EXAMINATION DATED AET	TED 03/01/2023	IMMUNIZATION RECO	RD					
Health History	NOTE: All tests and evaluations except th	e blood lead test							
Health History	REQUIRED TESTS/EVALUATIONS DATE (mm/dd/vv)			DATE EACH DOSE WAS GIVEN					
Dental Assessment	Health History	//		VACCINE	First	Second	Third	Fourth	Fifth
Detail Assessment	Physical Examination	/	POLIO (OPV or IPV)						
Nutritional Assessment	Dental Assessment/			DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular]					
Vision Screening	Nutritional Assessment//								
Audiometric (hearing) Screening	Developmental Assessment/		MMR (measles, mump	MMR (measles, mumps, and rubella)					
TB Risk Assessment and Test, if indicated	-	/							
Blood Test (for anemia) Urine Test Dother OTHER (e.g., TB Test, if indicated) OTHER OTHER 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) FORM MUST BE STAMPED WITH VARICELLA (Chickenpox) OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTH	Audiometric (hearing) Screening	/	(Required for child care	e/preschool only)					
Urine Test Blood Lead Test Other OTHER OTHER ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) 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) VARICELLA (Chickenpox) OTHER OTHER OTHER And RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN 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 Name, address, and telephone number of health examiner Name, address, and telephone number of health examiner	TB Risk Assessment and Test, if indicated	HEPATITIS B							
OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER (e.g., TB Test, if indicated) OTHER OTHER (e.g., TB Test, if indicated) OTHER RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN 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 Name, address, and telephone number of health examiner FORM MUST BE STAMPED WITH	Blood Test (for anemia)	/	VARICELLA (Chicken	ook)				_	
Other	Urine Test	/	,	, ,					
PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) 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) Please check this box if you do not want the health examiner to fill out 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 Name, address, and telephone number of health examiner	Blood Lead Test	/	OTHER (e.g., TB Test,	OTHER (e.g., TB Test, if indicated)					
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) FORM MUST BE STAMPED WITH 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	Other		OTHER						
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) FORM MUST BE STAMPED WITH 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. Please check this box if you do not want the health examiner to fill out Part III. Please check this box if you do not want the health examiner to fill out Part III. 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 to fill out Part III.	PART III ADDITIONAL INFORMATI	ON FROM HEALTH E	XAMINER (optional) a	1					
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) Signature of parent or guardian Date	RESULTS AND RECOMMENDATIONS								
Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain) Signature of parent or guardian Date	Fill out if patient or guardian has signed the release of health information.								
physical activity are: (please explain) Signature of parent or guardian Name, address, and telephone number of health examiner FORM MUST BE STAMPED WITH	☐ Examination shows no condition of concer	rn to school program activ	ities.						
Name, address, and telephone number of health examiner FORM MUST BE STAMPED WITH		ter further evaluation that	are of importance to schooling or						
FORM MUST BE STAMPED WITH				Signature of parent or guard	dian			Date	
				Name, address, and telepho	one number of hea	lth examiner			
DOCTOR'S SIGNATURE & ADDRESS	FORM MUST BE STAMPE	ED WITH							
DOCTORS SIGNATURE & ADDRESS	DOCTOR'S SIGNATURE	& ADDRESS							
Signature of health examiner Date				Signature of health examine	er			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.dhcs.ca.gov/services/chdp