

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	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 3/1/2019 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 (mm/dd/yy)	DATE EACH DOSE WAS GIVEN				
		First	Second	Third	Fourth	Fifth
Health History	/ /					
Physical Examination	/ /					
Dental Assessment	/ /					
Nutritional Assessment	/ /					
Developmental Assessment	/ /					
Vision Screening	/ /					
Audiometric (hearing) Screening	/ /					
TB Risk Assessment and Test, if indicated	/ /					
Blood Test (for anemia)	/ /					
Urine Test	/ /					
Blood Lead Test	/ /					
Other	/ /					

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 (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

<p>RESULTS AND RECOMMENDATIONS</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: <i>(please explain)</i></p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">FORM MUST BE STAMPED WITH DOCTOR'S SIGNATURE & ADDRESS</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</p> <p>_____ Date</p> <p>_____ Name, address, and telephone number of health examiner</p> <p>_____ Signature of health examiner</p> <p>_____ 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.