

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

HEALTH EXAMINATION Date: _____

Required Tests and Evaluations*	Check When Completed
Health and Developmental History	
Physical Examination	
Nutritional Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Blood Test (for anemia)	
Urine Test	
Tuberculin Test	
Other:	

* All tests and evaluations must be done after the child is 4 1/4 years of age.

IMMUNIZATION RECORD

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Polio (TOPV/IPV) (circle one)	/ /	/ /	/ /	/ /	/ /
DPT/Td/DT (circle one)	/ /	/ /	/ /	/ /	/ /
Hib	/ /	/ /	/ /	/ /	
Hepatitis B**	/ /	/ /	/ /		
Measles, Mumps, Rubella (MMR)	/ /	/ /			

** Not required for school entry.

Note to Examiner: Please give the family a completed, or updated, yellow California Immunization Record or other personal immunization record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

PART III--ADDITIONAL INFORMATION FROM HEALTH EXAMINER (Optional)

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

RESULTS AND RECOMMENDATIONS

- Examination revealed no condition relevant to the school program.
- Conditions found in the examination or after further evaluation which are of importance to schooling or physical activity are: (please explain)

Name, Address, and Telephone Number of Health Examiner:

Signature of Health Examiner

Date

RELEASE OF HEALTH INFORMATION

I give permission to share the additional results of this examination with the school as stated 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

If unable to get the examination done, call the Child Health and Disability Prevention Program in your local health department. If you do not want your child to have an examination, you may sign the waiver (PM 171B) form obtained from your child's school.