State of California—Health and Human Services Agency Primary Care and Family Health Division

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

Department of Health Services Children's Medical Services Branch Child Health and Disability Prevention (CHDP) Program

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 ADDRESS—Number/Street City		,	The second secon	Middle					BIRTHDATE—Month/Day/Year			
) middle			DINTE IDATE NORMODO SY TEA					
					ZIP Code		SCHOOL					
PART II TO BE FILLED OUT BY HEA	LTH EXAMINER	\	а түүнө жана жанаматын манаман манаман жүйүнү өрүнү төрүү боюнун түй түүнү түй байда тарат түй түүлүй жоры жоры	Malamaca ya y 1646 ye 144 - Afri	Savore freezolden oppgrag teleting die Orden ausen aus aus bespehin	transferência de la composição de la com						
EALTH EXAMINATION			IMMUNIZATION RECORD									
NOTE: All tests and evaluations except	the blood lead te	st	Note to Examiner: Please give the	e family a	completed or	updated yell	ow California Ir	nmunization Re	ecord.			
must be done after the child is 4 years and :	3 months of age.		Note to School: Please record in	munizatio	n dates on the	blue Califor	nia School Imm	nunization Reco	ord (PM 286).			
REQUIRED TESTS/EVALUATIONS	STS/EVALUATIONS DATE				DATE EACH DOSE WAS GIVEN							
Health History		1 .	VACCINE	*		First	Second	Third	Fourth	Fifth		
Physical Examination			POLIO (OPV or IPV)									
Pental Assessment			DTaP/DTP/DT/Td (diphtheria, letanus, and [acellular] pertussis)									
Nutritional Assessment		1	OR (tetanus and diphtheria only)									
Developmental Assessment	velopmental Assessment			MMR (measles, mumps, and rubella)								
Vision Screening Audiometric (hearing) Screening Tuberculin Test (Mantoux/PPD)			HIB MENINGITIS (Haemophilus Influenzae B)		CANADA CA]		
			(Required for child care/preschool only)				1					
			HEPATITIS B									
Blood Test (for anemia)			PARENTE PROPERTY OF THE PROPER				T		I			
Urine Test			VARICELLA (Chickenpox)			ļ	-	T				
Blood Lead Test			OTHER			**************************************		<u> </u>				
Other	<u> </u>		OTHER					L				
PART III ADDITIONAL INFORMATIO	N FROM HEALT	H EXAM	INER (optional) and	RELE	ASE OF HE	ALTH INFO	RMATION B	Y PARENT C	OR GUARDIA	N		
RESULTS AND RECOMMENDATIONS	and an analysis of the second		· I give	permissio	n for the heal	h examiner i	o share the ad	ditional informa	ation about the	health che		
Fill out if patient or guardian has signed the release of health information.					I give permission for the health examiner to share the additional information about the health che with the school as explained in Part III.							
Examination shows no condition of concern to school program activities.					Please check this box if you do not want the health examiner to fill out Part III.							
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Conditions found in the examination or af	ter further evaluation	on that a	e of Importance to schooling									
or physical activity are: (please explain)			>_									
			Si	nature of par	ent or guardian				Date			
			Name	, address	, and telephon	e number of	health examine	er				
			especial									
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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.