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

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	/ /
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	/ /

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).

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

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)

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

_____   _____
Signature of health examiner   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

Del Norte County Unified School District
Health Information Request

Pupil's Name _____ Sex ___ Birthdate _____

Family Doctor's Name _____ Phone No. _____

CHILD HAD THE PROBLEMS MARKED "X"	
Rubeola Measles (10 day type) Red Measles	Frequent Colds
Rubella Measles (3 day type) German Measles	Frequent Earaches
Mumps	Frequent Headaches
Chicken Pox	Frequent Urination
Whooping Cough	Asthma
Scarlet Fever	Allergy
Smallpox	Enlarged Heart
Diptheria	Tonsils Removed
Poliomyelitis	Sore Throat
Typhoid	Discharging Ears
Rheumatic Fever	Nosebleeds
Undulant Fever	Tires Easily
Pnuemonia	Is Nervous
Tuberculosis	Has Hearing Loss
Tuberculosis Contact	Has Speech Defect
Diabetes	Wears Eye Glasses
Other Surgery	Bedwetting
Epilepsy (Convulsions)	Fever Convulsions

Check Information for Kindergarten

____ happy disposition	____ becomes discouraged easily	____ angers easily
____ has many friends	____ is self-reliant	____ others
____ prefers to be alone	____ dependable	_____
____ has many fears	____ likes to play with others	_____
____ likes to go to school	____ is generous with playmates	_____
____ very easy to manage	____ excitable	_____

Health

Other information the school should be aware of: _____

_____

_____

_____

_____

_____

_____

_____

_____

To the best of my knowledge and belief the above information is correct.

_____   _____
Date   Signature of parent or guardian