

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 TO BE FILLED OUT BY HEALTH EXAMINER

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
Health History	
Physical Examination	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (Mantoux/PPD)	
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/DT/dT/d (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)					

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.



**OCEAN VIEW SCHOOL DISTRICT
Educational Support Services**



ENTRY REQUIREMENTS

CHILD'S NAME: _____ **STUDENT ID #:** _____ **DOB:** _____

SCHOOL _____ **SCHOOL PHONE:** _____ **DATE:** _____

REGISTRATION REQUIREMENTS:

OK NEED

___	___	Polio	AT LEAST three doses. If the third dose was administered before two years of age, one additional dose is required . For kindergarten entry, if the third dose was administered before 4 years of age , one additional dose is required.
___	___	DTP/Td	AT LEAST four doses. If the fourth dose was administered before two years of age, one additional dose is required. For kindergarten entry, if the fourth dose was administered before 4 years of age , one additional dose is required.
___	___	MMR (Measles, Mumps, Rubella)	ONE DOSE . (Must be on or after first birthday.) For kindergarten and 7th grade, a second dose is required .
___	___	Hepatitis B	THREE DOSES are required for kindergarten as of August 1, 1997. THREE DOSES are required for 7 th grade entry as of July 1, 1997.
___	___	Varicella (Chickenpox)	ONE DOSE or health care provider-documented varicella disease or immunity required for kindergarten entry and for all students new to California schools.
___	___	State Physical Exam	The State of California requires a physical exam for school entry which must be completed within eighteen (18) months prior to, or ninety (90) days after first grade entry. Ocean View School District requests this exam to be done no more than six (6) months prior to kindergarten entry, or within the first 90 days after entrance. First grade students new to the district must also present evidence of a physical exam within 90 days after entrance. Information on a free health exam for qualifying families is available by calling 1-800-564-8448.
___	___	Oral Health Requirement	California Education Code requires that children have an oral health assessment (dental check-up) by May 31 of their first year in public school. An assessment within 12 months prior to entry into kindergarten also meets this requirement.
___	___	Proof of Age	Original birth certificate, baptismal record, passport or hospital transcript will be accepted as proof of age.
___	___	Residency Verification	Two types of evidence are required, such as gas/utility bill and rent/mortgage receipt.

THE ABOVE ITEMS ARE NEEDED BEFORE YOUR CHILD QUALIFIES FOR ENTRANCE INTO SCHOOL.

Parent's Signature

Telephone Number

Staff Signature

Office Use Only: All Requirements are met. Currently up to date, but more doses are due later. £ Needs follow-up.



OCEAN VIEW SCHOOL DISTRICT
Educational Support Services



REQUISITOS PARA ENTRAR A LA ESCUELA

Nombre del Niño/a: _____ Número del ID: _____ F.D.N.: _____

Escuela: _____ Teléfono de la Escuela: _____ Fecha: _____

REQUISITOS PARA INSCRIPSION:

OK NECESITA

___	___	Polio	POR LO MENOS tres dosis. Si la tercer dosis fue administrada antes de su segundo año, se requiere una dosis adicional. Para entrar al kindergarten , si la tercer dosis fue administrada antes la edad de cuatro cumpleaños , se requiere una dosis adicional.
___	___	DTP/Td	POR LO MENOS cuatro dosis. Si la cuarta dosis fue administrada antes del segundo cumpleaños, se requiere una dosis adicional. Para entrar al kindergarten, si la cuarta dosis fue administrada antes de la edad de cuatro años , se requiere una dosis adicional.
___	___	Sarampión Paperas Rubéola (MMR)	UNA DOSIS. (Debe de ser en o antes de su primer cumpleaños.) Se requiere una segunda dosis para kindergarten y 7^{mo} grado.
___	___	Hepatitis B	TRES DOSIS son requeridas para kindergarten desde el 1 de agosto, 1997. TRES DOSIS son requeridas para entrar al 7 ^{mo} grado desde el 1 de julio, 1997.
___	___	Varicella (Viruela)	UNA DOSIS o un documento de salud indicando la enfermedad o inmunidad se requiere para entrar al kindergarten y para todos los estudiantes nuevos en escuelas de California.
___	___	Examen Físico Estatat	El estado de California exige un examen físico par entrar a la escuela, el cual debe ser completado en un lapso de dieciocho (18) meses antes de, o noventa (90) días después de haber entrado al primer grado. El distrito Escolar Ocean View exige que este examen no tenga más de seis (6) meses al entrar al kindergarten, o tienen un lapso de 90 días después de haber entrado a la escuela. Los estudiantes nuevos al distrito de primer grado, también deben presentar evidencia de un examen físico en un lapso de 90 días después de haber comenzado la escuela. Información para un examen gratuito se encuentra disponible llamando al 1-800-564-8448.
___	___	Requisito de Salud Dental	El Codigo Educativo del Estado de California requiere que los niños tengan un chequeo de salud dental (chequeo dental) antes del 31 de mayo del primer año en la escuela pública. Un chequeo entre los últimos 12 meses antes de entrar a kindergarten también cumple con los requisitos.
___	___	Evidencia de Edad	Se aceptará como evidencia de edad el acta de nacimiento original, acta de bautismo, pasaporte o documento del hospital.
___	___	Verificación de Residencia	Se requiere dos clases de evidencia, tales como el recibo de luz/gas y recibo de renta o pago de la casa.

NECESITA PRESENTAR LA INFORMACION INDICADA ARRIBA ANTES DE QUE SU NINO/A PUEDA ENTRAR A LA ESCUELA.

Firma del Padre

Teléfono

Firma del Personal

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