

## 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 | ___/___/___     |
| Tuberculin Test (Mantoux/PPD)   | ___/___/___     |
| 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)<br>(Required for child care/preschool only)            |                          |        |       |        |       |
| HEPATITIS B  |                          |        |       |        |       |
| VARICELLA (Chickenpox)   |                          |        |       |        |       |
| OTHER  |                          |        |       |        |       |
| 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.



**OCEAN VIEW SCHOOL DISTRICT  
Educational Support Services**



**ENTRY REQUIREMENTS**

**CHILD'S NAME:** \_\_\_\_\_ **STUDENT ID #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **SCHOOL PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRATION REQUIREMENTS:**

**OK    NEED**

|     |     |   |  |
|-----|-----|---|--|
| ___ | ___ | <b>Polio</b>                            | <b>AT LEAST</b> three doses. If the third dose was administered before two years of age, one additional dose is <b>required</b> . <b>For kindergarten</b> entry, if the third dose was administered <b>before 4 years of age</b> , one additional dose is required.  |
| ___ | ___ | <b>DTP/Td</b>                           | <b>AT LEAST</b> 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 <b>before 4 years of age</b> , one additional dose is required.  |
| ___ | ___ | <b>MMR</b><br>(Measles, Mumps, Rubella) | <b>ONE DOSE</b> . (Must be on or after first birthday.) <b>For kindergarten and 7<sup>th</sup> grade, a second dose is required</b> .  |
| ___ | ___ | <b>Hepatitis B</b>                      | <b>THREE DOSES</b> are required for kindergarten as of August 1, 1997.<br><b>THREE DOSES</b> are required for 7 <sup>th</sup> grade entry as of July 1, 1997.  |
| ___ | ___ | <b>Varicella</b><br>(Chickenpox)        | <b>ONE DOSE</b> or health care provider-documented varicella disease or immunity required for kindergarten entry and for all students new to California schools.   |
| ___ | ___ | <b>State Physical Exam</b>              | 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. |
| ___ | ___ | <b>Oral Health Requirement</b>          | 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.   |
| ___ | ___ | <b>Proof of Age</b>                     | Original birth certificate, baptismal record, passport or hospital transcript will be accepted as proof of age.  |
| ___ | ___ | <b>Residency Verification</b>           | 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.