

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.

PART III—ADDITIONAL INFORMATION FROM HEALTH EXAMINER (Optional)

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

Vaccine	IMMUNIZATION RECORD				
	1st	2nd	3rd	4th	5th
Polio (TOPV/IPV) (circle one)	/	/	/	/	/
DPT/Td/DT (circle one)	/	/	/	/	/
Hib	/	/	/	/	/
Hepatitis B	/	/	/	/	/
Measles, Mumps, Rubella (MMR)	/	/	/	/	/

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 289).

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.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:		Last Name:		Middle Initial:	Child's birth date:
Address:		Apt.:			
City:		ZIP code:			
School Name:	Teacher:	Grade:	Child's Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Name:		Child's race/ethnicity:			
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown					

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection) <input type="checkbox"/> or child would benefit from sealants or further evaluation <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
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Licensed Dental Professional Signature		CA License Number	Date
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Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
- My child's dental insurance plan is:

- Medi-Cal/Denti-Cal
- Healthy Families
- Healthy Kids
- Other
- None

- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ◀

Signature of parent or guardian _____
Date _____

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.