

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 PARENT AND GUARDIAN																																																				
CHILD'S NAME			Last		First	Middle	Birthdate:		Month	Day	Year																																									
ADDRESS			Street		City	Zip Code	School																																													
PART II HEALTH EXAMINATION Date: _____						IMMUNIZATION RECORD																																														
Required Tests and Evaluations*		Check When Completed		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">VACCINE</th> <th colspan="5">Date Each Dose Was Given</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> </thead> <tbody> <tr> <td>Polio (TOPV/IPV) (circle one)</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> </tr> <tr> <td>DPT/Td/DT (circle one)</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> <td>/ /</td> </tr> <tr> <td>Measles*</td> <td>/ /</td> <td colspan="4"> • Record only doses given on or after first birthday. Note to examiner: Please give the family a completed, or updated, yellow California Immunization Record or other personal Immunization record. </td> </tr> <tr> <td>Rubella*</td> <td>/ /</td> <td colspan="4"> Note to School: Please record Immunization dates on the blue California School Immunization Record (PM 286). </td> </tr> <tr> <td>Mumps*</td> <td>/ /</td> <td colspan="4"></td> </tr> </tbody> </table>								VACCINE	Date Each Dose Was Given					1 st	2 nd	3 rd	4 th	5 th	Polio (TOPV/IPV) (circle one)	/ /	/ /	/ /	/ /	/ /	DPT/Td/DT (circle one)	/ /	/ /	/ /	/ /	/ /	Measles*	/ /	• Record only doses given on or after first birthday. Note to examiner: Please give the family a completed, or updated, yellow California Immunization Record or other personal Immunization record.				Rubella*	/ /	Note to School: Please record Immunization dates on the blue California School Immunization Record (PM 286).				Mumps*	/ /				
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Health and Developmental History																																																				
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Tuberculin Test																																																				
Other																																																				
* All test and evaluations must be done after the child 4 1/2 years of age																																																				
PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (Optional)						Name, address and telephone number of health examiner:																																														
Fill out if parent of guardian has signed release of health information below. <p style="text-align: center;">RESULTS AND RECOMMENDATIONS</p> ? Examination revealed no condition relevant to the school program ? Conditions found in the examination of after further evaluation which are of importance to schooling or physical activity are: (please explain)						_____ 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 the 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.