

Report of Health Checkup for School Entry

California law requires a health checkup for school entry to protect the health of all children.

Please return this report to the school. All information will be kept confidential.

To be completed by Parent or Guardian

Child's Name: Last First Middle Birth Date Month/Day/Year

Address: Street City Zip School

I request the health provider complete Part I and Part II.

OR

I request the health provider complete **Part I only**

Signature of Parent or Guardian

Date

To be completed by the Health Provider (Must be completed in full to meet California law.)

Part I

Part II

Tests and Evaluations

Date

Health/Development History	
Physical Examination	
Nutritional Evaluation	
Vision Screening	
Audiometric Screening	
Blood Test for Anemia	
Urine Dipstick	
Dental Assessment	

Other Health Information (Optional)

For the child's welfare—and with the parent's permission—it is recommended that significant health information be shared with the school. If the child needs help with medication at school, please contact the school nurse.

- Parent requests Part II not be filled out.
- The checkup revealed no conditions of importance to school or physical activity.
- Conditions that need further evaluation or that can affect school or physical activity are: (please explain)

Immunization History (Check each dose given)

Vaccine	1st	2nd	3rd	4th	5th
Polio					
DTaP/DT					
Hib					
MMR					
Hepatitis B					
Varicella		<input type="checkbox"/> had chickenpox disease			
Hepatitis A					
Pneumococcal Conjugate					

Exact dates will be verified on California Immunization Record

*Mantoux Tuberculin Test: Date _____ MM _____

Pos _____ Neg _____

* When testing for tuberculosis is necessary, the County of San Diego HHS&A recommends only the use of the Mantoux (intradermal) skin test for all children.

Health Provider Information

Name

Address

City

Signature of Health Provider

Date of Checkup

WAIVER OF HEALTH CHECKUP FOR SCHOOL ENTRY

Note: Your child must have immunizations required by State law, even if no health checkup is given.

I have been told about the health checkup recommended by health professionals and required by State law. I have also been told where and how my child can receive a checkup at no cost, if such assistance is needed. (Please check one.)

___ I do not want my child to receive the checkup.

___ I do want my child to have the checkup, but I am unable to get it because _____

Signature of Parent or Guardian

Date