Child Health and Disability Prevention (CHDP) Program

R.A.

Report of Medical Examination for School Entry

California law requires a medical examination for school entry to protect the health of all children. Please return this report to the school. All personal information will be kept confidential.

PART I TO BE FILLED OUT BY PARENT OR GUARDIAN/ Español al dorso								
CHILD'S NAME—Last			First		Middle Initial		School	
ADDRESS—Number, Street		Cit	City		ZIP Code		Birth Date—Month/Day/Year	
\Box I want the me	dical provider to com	olete l	Part II and Par	t III				
	dical provider to com			-			/	
PART II TO BE FILLED OUT BY THE MEDICAL PRO					Signature of Parent or Guardian Date			
			VIEDICAL PR				Medical Provider Information	
Tests and Evaluations				Da	te	Nam	e, Address, and Telephone Number:	
Child's Height	Child's Weight		Child's BMI Percentile					
inches	lbs	ozs	%					
Health/Development History								
Physical Examination								
Nutritional Evaluation								
Vision Screening								
Audiometric Screening								
Blood Test for Anemia								
Urine Dipstick								
Dental Screening							/	
Tuberculin (TB) Skin Test (Recommended for ALL children entering first grade)						Sig	nature of Medical Professional Date	
CHILD HAS A COMPLETED OR UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD								
PART III TO BE FILLED OUT BY THE MEDICAL PROVIDER								
Other Health Information (<i>Optional</i>): For the child's welfare—and with the permission of the parent or guardian—it is recommended that significant health information be shared with the school. <i>Please contact the school nurse if the child needs help</i>								
with medication at school. Parent requests Part III not be filled out The examination revealed no conditions of importance to school or physical activity.								
\Box ratent requests rat in not be fined out \Box . The examination revealed no conditions of importance to school of physical activity. \Box Conditions that need further evaluation or that can affect school or physical activity are (<i>please explain</i>):								
WAIVER OF MEDICAL EXAMINATION								
Note: Your child must have immunizations required by State law, even if no health examination is given.								
I have been told about the medical examination recommended by health professionals and required by State law. I have also								
been told where and how my child can receive medical examinations at no cost, if such assistance is needed I do not want my child to receive a medical examination								
I do not want my child to receive a medical examination I do want my child to receive a medical examination, but I am unable to get it because								
Signat	ure of Parent or Guard	lian			/		Date	

County of San Diego Health and Human Services Agency, 3851 Rosecrans Street, Suite 522, MS: P511-H, San Diego, CA 92110 For more information, please call 619-692-8808