

## School Entry Health Exam Requirement

Early and regular **health check-ups** can prevent, find, and treat many health problems before they become serious. That is why California has a **law** that says all children **must** have a health checkup within **18 months before first grade or up to 90 days after starting first grade**. Your child must also have certain immunizations, or shots, for school. Your doctor will be able to check your child's immunization record and see what shots are needed during the health checkup. Your doctor will complete this form. You must return this completed form to your child's school.

**If you are not able to pay for this check-up**, please call the County of San Diego Maternal Child and Family Health Services (MCFHS) to find out if your child is eligible for a health check-up at no-cost. MCFHS can also provide information on medical and dental insurance.

**619-692-8808**

| PART I – TO BE FILLED OUT BY THE PARENT/GUARDIAN  |                               |                           |  |                              |
|---|-------------------------------|---------------------------|--|------------------------------|
| Child's Last Name:  |                               | First Name:               |  | Middle Initial:              |
| Birth Date (mm/dd/yyyy):  |                               |                           | School Name:                             |                              |
| Home Address (Number, Street):  |                               |                           | City:                                    | Zip:                         |
| <input type="checkbox"/> I want the medical provider to complete <b>Part II only</b> .  |                               |                           |  |                              |
| PART II – TO BE FILLED OUT BY THE MEDICAL PROVIDER  |                               |                           |  |                              |
| Tests and Evaluations   |                               |                           | Date of Exam                             | MEDICAL PROVIDER INFORMATION |
| Height<br>_____ inches  | Weight<br>_____ lbs _____ ozs | BMI Percentile<br>_____ % |  |                              |
| Health/Development History  |                               |                           | Name, Address, and Telephone Number:     |                              |
| Physical Examination  |                               |                           |  |                              |
| Nutritional Evaluation  |                               |                           |  |                              |
| Vision Screening  |                               |                           |  |                              |
| Audiometric Screening   |                               |                           |  |                              |
| Blood Test for Anemia   |                               |                           |  |                              |
| Oral Health Screening   |                               |                           |  |                              |
| Tuberculin (TB) Risk Assessment /Skin Test  |                               |                           | Signature of Medical Professional / Date |                              |
| <i>DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |                           |  |                              |
| PART III – TO BE FILLED OUT BY THE MEDICAL PROVIDER   |                               |                           |  |                              |
| <p><b>Other health information (optional):</b> For 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 child needs help with medication at school.</i></p> <p><input type="checkbox"/> Parent requests Part III not to be filled out</p> <p><input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity.</p> <p><input type="checkbox"/> Conditions that need further evaluation or that can affect school or physical activity are (please explain below)</p> |                               |                           |  |                              |
| WAIVER OF MEDICAL EXAMINATION   |                               |                           |  |                              |
| <p>I have been told about the medical examination recommended by health professionals and required by State law. I have also been given information on no-cost medical examinations that my child may be eligible for, if such assistance is needed.</p> <p>___ <b>I do not want</b> my child to receive a medical examination</p> <p>___ <b>I do want</b> my child to receive a medical examination, <b>but I am unable to get it because</b> _____</p>  |                               |                           |  |                              |
| _____   |                               |                           | _____                                    |                              |
| <i>Signature of Parent or Guardian</i>  |                               |                           | <i>Date</i>                              |                              |

County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110  
For more information, please call (619) 692-8808

