School-Entry-Health-Cheelmp-Requirement ----

Early and regular health checkups can find, prevent, 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 and you need to return to your child's school.

If you are not able to pay for this checkup, please call Maternal Child and Family Health services to find out if your child is eligible for a health checkup at no cost and for ongoing medical and dental insurance.

1-800-675-2229

PARTITO BE FILLED OUT BY THE PARENT/GUARDIAN			
CHILD'S NAME: Last First			
Birth Date (MM/DD/YYYY) School	School		
ADDRESS – Number, Street City		Zip	
☐ I want the medical provider to complete Part II only.			
PART II TO BE FILLED OUT BY THE MEDICAL PROVIDER			
Tests and Evaluations		10-21-01	
Height Weight BMI Percentile incheslbsozs%	Date of Exam	MEDICAL PROVIDER INFORMATION	
Health/Development History		Name, Address, and Telephone Number:	
Physical Examination	·		
Nutritional Evaluation			
Vision Screening			
Audiometric Screening			
Blood Test for Anemia		1	
Urine Dipstick/Urinalysis		1	
Dental Screening ,		, ,	
Tuberculin (TB) Skin Test/Risk Assessment		Signature of Medical Professional / Date	
DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? Yes No			
PART HE TO BE FILLED OUT BY THE MEDICAL PROVIDER			
Other health information (optional): 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. Please contact the school nurse if child needs help with medication at school. Parent requests Part III not to be filled out The examination 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 below)			
WAIVER OF MEDICAL EXAMINATION 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 want my child to receive a medical examination, but I am unable to get it because Signature of Parent or Guardian Date			

