

Report of Health Exam 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 or guardian.				
CHILD'S NAME:	Last	First	Middle	BIRTHDATE:
ADDRESS:	Street	City	Zip Code	SCHOOL

Part II: Health Examination: Date: _____	Check When Completed
Health and Developmental History	
Physical Examination	
Nutritional Assessment	
Vision Screen	
Hearing Screen	
Anemia Screen	
Urine Test	
Tuberculin Test	
Other	

Immunization Record					
	1 st	2 nd	3 rd	4 th	5 th
Polio					
DtaP					
HIB					
Hepatitis B					
MMR					
Varicella					
Other					

* All tests and evaluations must be done after the child is 4 1/4 years of age.

<p>Part III: Additional Information from Health Examiner Fill out if parent or guardian has signed release of health information below.</p> <p style="text-align: center;">Results and Recommendations:</p> <p><input type="checkbox"/> Examination revealed no condition relevant to the school program.</p> <p><input type="checkbox"/> Conditions found in the examination or after further evaluation which are of importance to schooling or physical activity are: (please explain)</p>	<p>South East Bay Pediatric Medical Group, Inc. Fellow of American Academy of Pediatrics ♦ Infants ♦ Children ♦ Teenagers 2191 Mowry Ave., Suite 600C Fremont, CA 94538 ♦ (510) 792-4373 Stephen Friedkin, MD Susan Dugoni, MD Patrick Burke, MD Sara Dobbs, MD Krista Amendola, MD Dennis Unson, MD Marjorie Alpert, MD</p> <hr/> <p>Signature of Health Examiner _____ Date _____</p> <p style="text-align: center;">Release of Health Information:</p> <p>I give permission to share the additional results of this examination with the school as stated in Part III</p> <p style="text-align: center;"><input type="checkbox"/> Please check the box if you do not want the health examiner to fill out Part III</p> <hr/> <p>Signature of Parent or Guardian _____ Date _____</p>
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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.