



fresno county office of education

Jim A. Yovino
Superintendent

Health Services Department

IMPORTANT INFORMATION FOR PARENTS OF KINDERGARTEN AND FIRST GRADE STUDENTS

Dear Parent/Guardian:

CALIFORNIA STATE LAW REQUIRES THAT ALL CHILDREN ENTERING FIRST GRADE HAVE A COMPLETE PHYSICAL EXAM. They must also be up-to-date on their shots. The school entry health check-up is crucial in finding health problems, such as vision or hearing problems, which could interfere with a child's performance in school. The Child Health and Disability Prevention (CHDP) Program offers this exam at no cost to eligible children in the community.

Who is eligible for CHDP?

All children who have Medi-Cal ages 0-20 years, low-income children with no health insurance ages 0-18 years who meet CHDP eligibility, foster children, children who attend Head Start and State Preschool ages 3-5 years.

If your child has had a recent examination or well child visit, please SEND A COPY OF THE REPORT TO THE SCHOOL OFFICE.

If your child has not yet had a recent physical examination or well child visit, please make an appointment as soon as possible. Your child can receive an examination from:

- Your own doctor or health care provider
- Fresno County Health Department Child Health and Disability Prevention (CHDP)
1221 Fulton Mall, 2nd Floor, Fresno CA 93775-1867 • **Phone:** (559) 600-3281

If you do not want your child to have an exam, you must come to the school to sign a *Waiver of Health Examination for School Entry.*

If you have any questions, please call the school nurse at _____

Sincerely,

School Nurse

Date

Attached: Report of health exam for school entry form for doctor/provider to complete

CHDP



HS*2013*Forms:CHDP K-1st

REPORT OF HEALTH EXAMINATION 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 A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ ZIP code: _____ SCHOOL: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTp/DT/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____

Signature of health examiner: _____ Date: _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.