# School Entry Health Checkup 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 the 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 it 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***

## PART I - TO BE FILLED OUT BY THE PARENT OR GUARDIAN

| CHILD'S NAME– Last | First | Middle Initial | School |
|---|---|---|---|
| ADDRESS– Number, Street | City | ZIP Code | Birth Date-Month/Day/Year |

☐ I want the medical provider to complete **Part II only**

## PART II - TO BE FILLED OUT BY THE MEDICAL PROVIDER

| **Tests and Evaluations** | | | **Date** | **MEDICAL PROVIDER INFORMATION** |
|---|---|---|---|---|
| Child's Height _____ inches | Child's Weight _____ lbs _____ ozs | Child's BMI Percentile _____ % | | |
| Health/Development History | | | | Name, Address, and Telephone Number: |
| Physical Examination | | | | |
| Nutritional Evaluation | | | | |
| Vision Screening | | | | |
| Audiometric Screening | | | | |
| Blood Test for Anemia | | | | |
| Urine Dipstick/Urinalysis | | | | |
| 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 III -TO BE FILLED OUT BY THE MEDICAL PROVIDER

**Other Health Information (*optional*):** 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. *Please contact the school nurse if the child needs help with medication at school.*

☐ Parent requests Part III not 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*

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

Child Health and Disability Prevention (CHDP) Program
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