

CASTRO VALLEY UNIFIED SCHOOL DISTRICT
 4400 Alma Avenue, Castro Valley, CA 94546 (510) 537-3000
HEALTH SERVICES – HEALTH HISTORY & PHYSICAL EXAMINATION

STUDENT INFORMATION

Student Legal Last Name:	First Name	Middle Name:
School:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:

TO BE COMPLETED BY PARENT

CURRENT HEALTH STATUS (IF APPLICABLE)

<input type="checkbox"/> Diet or nutritional problems	<input type="checkbox"/> Hearing difficulties, infections	<input type="checkbox"/> Speech difficulties
<input type="checkbox"/> Frequent colds or sore throats	<input type="checkbox"/> Pains in extremities or joints	<input type="checkbox"/> Vision – wears glasses during the school day
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Special or poor eating habits	<input type="checkbox"/> Weight problem/risk of/have type II diabetes

Further explanation of above items:

Dental Condition: Excellent Good Fair Poor Wears braces or appliance

Currently under the care of dentist: YES NO : (NAME AND PHONE #):

Currently under the care of physician: YES NO : (NAME AND PHONE#):

If yes, for what condition:

MEDICATION: Please indicate the names and dose of all meds (including over the counter meds) your child takes regularly

Name of Medication	Dosage (how much)	Times Given

PARENT NOTIFICATION

I STATE THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO BE BEST OF MY KNOWLEDGE.

Parent Signature:	Date:
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The CVUSD is part of the California Immunization Registry. This registry is called CAIR. Keeping track of your child's shots/TB tests can be hard, especially if more than one doctor gave them. Please see page two of this form to grant the CVUSD permission to share shot records with the CAIR registry. Thank you.

PHYSICIAN'S EXAMINATION : HEALTH HISTORY

<input type="checkbox"/> ADHD	<input type="checkbox"/> Cancer	<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Kidney/Bladder	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Allergies (list below)	<input type="checkbox"/> Convulsive Disorder	<input type="checkbox"/> Hearing Aide/Tubes	<input type="checkbox"/> Menstrual Problem	<input type="checkbox"/> Skin Problem
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Hearing Problem	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Stomach Problem
<input type="checkbox"/> Asthma Inhaler	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problem	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Thyroid Condition
<input type="checkbox"/> Bee Sting allergy	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Hernia	<input type="checkbox"/> Musculo-Skeletal	<input type="checkbox"/> Tourette Syndrome
<input type="checkbox"/> Food Restrictions (medical/non medical)	<input type="checkbox"/> Eating Disorder		<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Urinary Condition
<input type="checkbox"/> Other:				

List:

Surgeries or accidents: Eye or ear surgery, fractures, head injuries. **Dates:**

Brief explanation:

COMPLETE	*IMMUNIZATION HISTORY	START DATE	BOOSTER DATE	BOOSTER DATE	BOOSTER DATE
<input type="checkbox"/>	*Diphtheria/Pertusis/Tetanus	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
<input type="checkbox"/>	Tdap/DTaP/DTP (> than 7yrs)	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
<input type="checkbox"/>	Polio	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
<input type="checkbox"/>	Measles/Mumps/Rubella	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
<input type="checkbox"/>	Hepatitis B	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR	
<input type="checkbox"/>	Hepatitis A	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
<input type="checkbox"/>	HIB Meningitis	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR	DAY/MONTH/YEAR
<input type="checkbox"/>	Varicella (chicken pox)	DAY/MONTH/YEAR	DAY/MONTH/YEAR		
<input type="checkbox"/>	*Tuberculin skin test results:	NEG <input type="checkbox"/> POS <input type="checkbox"/>	DATE:	BCG Vaccine DATE:	
	Chest X-ray results:	NEG <input type="checkbox"/> POS <input type="checkbox"/>	DATE:	Follow Up:	Meds:Yes <input type="checkbox"/> No <input type="checkbox"/>

LABORATORY TEST RESULTS	Hematocrit:	Hemoglobin:	Urinalysis:	Blood pressure:	Other:
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Please consider dental condition, EENT, heart, lungs, abdomen, neurological reflexes, behavior, emotional adjustment in *

***SIGNIFICANT FINDINGS:**

SIGNIFICANT DIAGNOSTIC EVALUATION, OBSERVATION, RECOMMENDATIONS:
 (Special education services are available to children with handicapping conditions or special needs):

Recommendations for Physical Activity: Unrestricted Restricted: length of time: **Athletic Participation** Yes No

PHYSICIAN'S INFORMATION AND STATEMENT

You should complete and sign the Physician's Statement based on your examination of the patient
 As of this date, I certify that the statements contained in this statement of examination are true to the best of my knowledge and belief.

Physician's Name & Stamp:	Address:
Signature:	Date of Exam

Permission to Share Your Child’s School Immunization/Tuberculosis (TB) Screening Test Information with the California Immunization Registry (CAIR)

Immunizations or ‘shots’ prevent serious diseases. Tuberculosis (TB) screening tests help to determine if you have may have TB infection and can be required for school entry. Keeping track of your child’s shots/TB tests can be hard, especially if more than one doctor gave them. The California Immunization Registry (CAIR) is a secure computer system that doctors and authorized health care providers use to keep track of your child’s shots and TB tests. If you change doctors, your new doctor can use the registry to see your child’s shot/TB test record. CAIR is supported by the California Department of Public Health.

How does CAIR help you?

- Keeps track of all your child’s shots and TB tests (skin tests/chest x-rays), so he/she doesn’t miss any or get too many
- Gives you a copy of your child’s most up-to-date shot/TB test record (from the doctor)
- Helps child care or school officials confirm that your child got shots/TB tests needed to start child care or school
- Helps your doctor send you reminders when your child needs shots

How does CAIR help your school?

Under California law, schools, child care, and other agencies may use CAIR only to:

- See which shots/TB tests children in their programs have received or need
- Make sure children have all shots/TB tests needed to start child care or school

What information can be shared in CAIR?

- Your child’s name, sex, birth date, and birthplace
- Parents’ or guardians’ names
- Details about your child’s shots/TB tests, such as type of vaccine/TB test and date given
- Limited non-medical information to correctly identify your child

Your child’s information is safe! What’s entered in CAIR is treated like private medical information. Under California law, *only* your doctor’s office, health plan, or public health department may see your address and phone number. Misuse of the registry can be punished by law.

Parent and Guardian Rights

It’s your legal right to:

- Say no, if you don’t want to share shot/TB test information from your child’s school record with CAIR
- Change your mind later if you want to stop or start sharing your child’s shot/TB test information with CAIR
- Look at a copy of your child’s shot/TB test record in CAIR and ask your doctor to correct any possible mistakes
- Know who has looked at your child’s CAIR record

If you want to allow your school to share information from your child’s school record with the California Immunization Registry, please SIGN and DATE below. Your child’s school will do the rest!

Parent/Guardian Signature

Today’s Date

Child’s Full Name (please print)

Child’s Birth Date (MM/DD/YYYY)

Mother’s First and Last Names (please print)

Child sex: M F
(circle)

If you DO NOT want your child’s shot/TB test records shared with CAIR, do nothing. You’re all done.
For more information, contact the CAIR Help Desk at 800-578-7889 or CAIRHelpDesk@cdph.ca.gov