Report of Medical Examination for School Entry

California law requires a medical examination for school entry to protect the health of all children.

Please return this report to the school. All personal information will be kept confidential.

PART I TO BE FILLED OUT BY PARENT OR GUARDIAN/ Español al dorso

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 and Part III**

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

_____/_____

Signature of Parent or Guardian **Date**

PART II TO BE FILLED OUT BY THE MEDICAL PROVIDER

Tests and Evaluations			Date
Child's Height inches	Child's Weight lbs ozs	Child's BMI Percentile %	
Health/Development History			
Physical Examination			
Nutritional Evaluation			
Vision Screening			
Audiometric Screening			
Blood Test for Anemia			
Urine Dipstick			
Dental Screening			
Tuberculin (TB) Skin Test (Recommended for **ALL** children entering first grade)			

Medical Provider Information

Name, Address, and Telephone Number:

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Signature of Medical Professional Date

CHILD HAS A COMPLETED OR 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*):

WAIVER OF MEDICAL EXAMINATION

Note: Your child must have immunizations required by State law, even if no health examination is given.

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** _____

_____

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Signature of Parent or Guardian Date

County of San Diego Health and Human Services Agency, 3851 Rosecrans Street, Suite 522, MS: P511-H, San Diego, CA 92110

For more information, please call 619-692-8808