

School Entry Health Exam Requirements

Early and regular health check-ups can prevent, find, and treat many health problems before they become serious. That is why California has a law that says all children must have a health check-up **within 18 months of first grade or up to 90 days after starting first grade**. Your first grade child must have had a health check-up from February 2017 to November 2018. 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 check-up. (Attached is information regarding immunization requirement starting on July 2019.) Your doctor will complete this form. You must return this completed form to your child's school.

If you are not able to pay for this check-up, please call the County of Los Angeles Department of Public Health, Maternal, Child and Adolescent Health Programs to find out if your child is eligible for a health check-up at no cost, **213-639-6400**. Los Angeles Department of Public Health can also provide information on medical and dental insurance.

PART 1- To be completed by the parent/guardian				
Child's Last Name:		First Name:		Middle Initial:
DOB (mm/dd/yyyy):		School Name:		Grade:
Residential Address:			City:	Zip:
<input type="checkbox"/> I want the medical provider to complete Part 2				
Part 2- To be filled out by the medical provider				
Test and Evaluations			Date of Exam	Medical Provider Information
Height _____ inches	Weight _____ lbs _____ ozs	BMI Percentile _____ %		Name, Address & Phone Number:
Health/Development History				Medical Professional Signature/Date
Physical Examination				
Does the child have a completed and updated California Immunization Record? ___Yes ___No				
Part 3- To be filled out by the medical provider				
<i>Other health information (optional): For 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/health assistant if child needs help with medication at school.</i>				
<input type="checkbox"/> Parent requests Part 3 not to be filled out <input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity. <input type="checkbox"/> Conditions that need further evaluations or that can affect school or physical activity are <i>(attached explanation)</i>				
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 given information on no-cost medical examinations that my child may be eligible for, 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/Guardian			_____ Date	