

## HEALTH EXAMINATION FOR SCHOOL ENTRY

Child's Name: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_\_\_

Grade: ☐ Preschool ☐ K-1 ☐ K-2

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Medi-Cal # \_\_\_\_\_

**HEALTH EXAMINATION MUST INCLUDE AREAS NOTED IN BOLD.** (Please check if done and note results as appropriate)

Date of Exam: \_\_\_\_\_ Is child ☐ New? ☐ Established to your care?

\_\_\_\_\_ Health and Developmental History

\_\_\_\_\_ Physical Examination Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_

\_\_\_\_\_ Blood Test for Anemia Blood Test for Lead: ☐ No ☐ Yes Result: \_\_\_\_\_

\_\_\_\_\_ Urine Test

\_\_\_\_\_ **Dental Assessment:** ☐ Normal ☐ Possible caries

**Exposure to second hand smoke?** ☐ No ☐ Yes

\_\_\_\_\_ **Vision** Right: 20/ \_\_\_\_\_ Left: 20/ \_\_\_\_\_ **Eye muscle testing:** ☐ Normal ☐ Abnormal

Referred? ☐ No ☐ Yes

Student should wear eye glasses ☐ No ☐ Yes

### **Audiometry Screening**

#### **AUDIO**

	1000	2000	3000	4000
Right				
Left				

Referred? ☐ No ☐ Yes

### **ADDITIONAL INFORMATION FROM HEALTH EXAMINER:**

Does this child have any conditions that might concern the school? ☐ No ☐ Yes

If yes, explain condition(s) and recommendations for follow-up:

Are there any restrictions from physical activities? ☐ No ☐ Yes

If yes, explain :

Does this child take any medications? ☐ No ☐ Yes

If yes, explain :

*(If child must take medication at school, please request and complete a medication form.)*

## ENTER IMMUNISATION DATES

Polio(OPV or IPV)					
DTP / DtaP					
DT / Td					
HIB Meningitis					
MMR					
Hepatitis B					
Varicella					
Other					

If any required immunizations were not given, list reason: \_\_\_\_\_

Exemption Expiration Date: \_\_ / \_\_ / \_\_\_\_

TB skin test (PPD or clearance) required for school entry *regardless* of BCG.

\_\_\_TB assessment completed, not at risk, deferred PPD.

Induration \_\_\_mm \_\_\_ Negative \_\_\_ Positive

Chest X-Ray required if positive

Date: \_\_ / \_\_ / \_\_\_\_

☐ Normal

☐ Abnormal

Stamp or print examiner's name, address, phone number

Examiner's Signature : \_\_\_\_\_