

Temecula Valley Unified School District
Temecula, CA

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

TO PROTECT THE HEALTH OF CHILDREN, CALIFORNIA LAW REQUIRES A HEALTH EXAMINATION ON SCHOOL ENTRY. PLEASE HAVE THIS REPORT FILLED OUT BY A HEALTH EXAMINER AND RETURN IT TO THE SCHOOL – THE SCHOOL WILL KEEP AND MAINTAIN IT AS CONFIDENTIAL INFORMATION.

PART I				TO BE FILLED OUT BY A PARENT OR GUARDIAN			
CHILD'S NAME – Last	First	Middle	BIRTHDATE – Month/Day/Year				
ADDRESS – Number/Street	City	ZIP Code	SCHOOL				

PART II		HEALTH EXAMINATION Date:		IMMUNIZATION RECORD				
Required Tests and Evaluations*	Check When Completed	Vaccine	Date Each Dose Was Given					
			1 st	2 nd	3 rd	4 th	5 th	
Health and Developmental History		Polio (TOPV/IPV) (circle one)	/ /	/ /	/ /	/ /	/ /	
Physical Examination								
Nutritional Assessment		DPT/Td/DT (circle one)	/ /	/ /	/ /	/ /	/ /	
Vision Screening								
Audiometric (hearing) Screening		Hib	/ /	/ /	/ /	/ /		
Blood Test (for anemia)								
Urine Test		Hepatitis B	/ /	/ /	/ /			
Tuberculin Test (optional)								
Other:		Measles, Mumps, Rubella (MMR)	/ /	/ /		Note to Examiner: Please give the family a completed, or updated, yellow California Immunization Record or other personal immunization record.		
* All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.		Varicella (Chicken Pox)	/ /	/ /		Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).		

PART III – ADDITIONAL INFORMATION FROM HEALTH EXAMINER (Optional)	
<p>Fill out if patient or guardian has signed release of health information below.</p> <p style="text-align: center;">RESULTS AND RECOMMENDATIONS</p> <p><input type="checkbox"/> Examination revealed no condition relevant to the school program.</p> <p><input type="checkbox"/> Conditions found in the examination or after further evaluation which are of importance to schooling or physical activity are: (please explain)</p>	<p>Name, Address, and Telephone Number of Health Examiner</p> <p>_____</p> <p>Signature of Health Examiner _____ Date _____</p> <p style="text-align: center;">RELEASE OF HEALTH INFORMATION</p> <p>I give permission to share the additional results of this examination with the school as stated in Part III.</p> <p><input type="checkbox"/> Please check this box if you do not want the health examiner to fill out Part III.</p> <p>Signature of Parent or Guardian _____ Date _____</p>

If unable to get the examination done, call the Child Health and Disability Prevention Program in your local health department. If you do not want your child to have an examination, you may sign the waiver (PM 171B) form obtained from your child's school.