



Report of Medical Examination for School Entry

Dear Parent or Guardian:

California State Law (AB2068) has established the Child Health and Disability Program (CHDP). The intent of this program is to prevent, diagnose, and correct many health problems found in children and young people.

The law requires that parents present their school district with a completed *Report of Medical Examination for School Entry* form before their child enters the first grade. However, Del Mar Union School District asks that the examination be completed before your child begins kindergarten. A copy of the examination form is attached for your use. All parents should note that if they do not wish to have their child examined, they may sign the *Waiver of Medical Examination* located on the bottom portion of the form. However, we recommend that all children be examined. The screening may be completed by your personal physician or at the Health Department for a nominal fee.

Parents who feel that they may be eligible for a CHDP reimbursed health check-up service are asked to call the nurse who serves their child's school site.

Hearing and vision tests will be completed by the school nurse.

Please assist us in complying with CHDP requirements by completing the attached *Report of Medical Examination for School Entry* form and returning it to your child's school as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Huh".

Jennifer Huh
Director of Student Services

Attachment

School Entry Health Exam Requirement

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 checkup within **18 months before first grade or up to 90 days after starting first grade**. 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 checkup. 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 San Diego Maternal Child and Family Health Services (MCFHS) to find out if your child is eligible for a health check-up at no-cost. MCFHS can also provide information on medical and dental insurance.

619-692-8808

PART I – TO BE FILLED OUT BY THE PARENT/GUARDIAN

Child's Last Name:	First Name:	Middle Initial:
Birth Date (mm/dd/yyyy):	School Name:	
Home Address (Number, Street):	City:	Zip:
<input type="checkbox"/> I want the medical provider to complete Part II only .		

PART II – TO BE FILLED OUT BY THE MEDICAL PROVIDER

Tests and Evaluations			Date of Exam	MEDICAL PROVIDER INFORMATION
Height _____ inches	Weight _____ lbs _____ ozs	BMI Percentile _____ %		
Health/Development History				Name, Address, and Telephone Number: /
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Oral Health Screening				
Tuberculin (TB) Risk Assessment /Skin Test				Signature of Medical Professional / Date

DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? **Yes** **No**

PART III – TO BE FILLED OUT BY THE MEDICAL PROVIDER

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 if child needs help with medication at school.*

Parent requests Part III not to 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 below)

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 or Guardian

Date

County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110
For more information, please call (619) 692-8808



