

TRANSITIONAL KINDERGARTEN, KINDERGARTEN and FIRST GRADE HEALTH REQUIREMENTS

For the protection of all children, there are specific health requirements which California law requires for first time school admission. ***All forms are to be brought to registration and turned in to our Health Services Staff.***

1. ***Report of Health Examination for School Entry (White CA Form), completed by your Physician:***

- Complete health history.
- Complete physical examination after age four and one half years.
- Screening for Urine, blood and Tuberculosis.
- Screening for Vision and Hearing.
- All required immunizations (see requirements).

This form is to be completed and signed by your physician ***after March 1 of the year the child enters kindergarten or first grade (not before).***

If the student turns 5 years old after September 1, we will provide you with a temporary waiver at registration.

2. ***Immunization requirements for school entry:*** (Provide a copy of your child's complete Immunization Record.) ***Please fill out the student information portion of the CA State Immunization Record (blue CA form).***

- Polio - series of 3 plus 1 booster after 4th birthday
- Diphtheria/Tetanus/Pertussis - series of 4 doses with last dose after the 4th birthday. Tdap booster required for all students entering 7th through 12th grades
- Measles/Mumps/Rubella (MMR) - 2 doses - both on or after 1st birthday
- Hepatitis B - complete series of 3 before school entry
- Varicella (chicken pox) - 1 dose or documentation from physician of having had disease

3. ***Health Record - Emergency Information (Blue card):*** Complete the Emergency Information only.

The state approved forms and a list of the California health requirements are provided in this registration packet.

PLEASE NOTE: ***ALL health forms must be turned in at the time of Registration.***

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: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ ZIP code: _____ SCHOOL: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286)

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTaP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) CR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you *do not* want the health examiner to fill out Part III.

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____

Signature of health examiner: _____ Date: _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

SAN MARINO UNIFIED SCHOOL DISTRICT
 1665 West Drive
 San Marino, California 91108

Report of Eye and Audiology Examination

Name of Child: _____ Birthdate: _____ Date: _____

EYE EXAMINATION

VISUAL ACUITY

Without Lenses: With Lenses:
 R. 20/ L. 20/ R. 20/ L. 20/
 Both: 20/ Both: 20/

GLASSES

- Not Prescribed
- Prescribed
- To be worn all the time
- To be worn for close work only
- To be worn for distance only

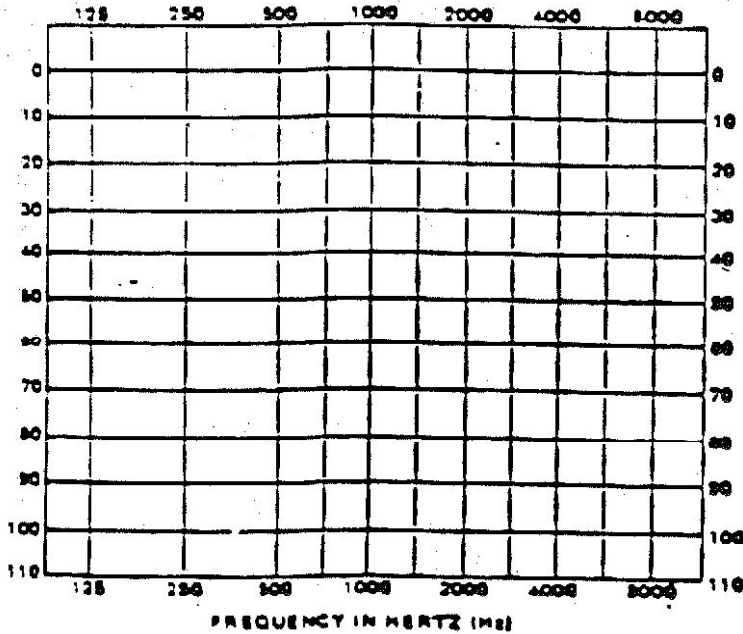
Is preferential seating recommended? _____

Other recommendations or suggestions: _____

Physician's printed name: _____

Address: _____ Phone No.:() _____

AUDIOLOGY EXAMINATION



AUDIOGRAM KEY	
Right	Left
○	×
△	□
<	>
□	□
⊥	⊥

Both
⊥
⊥
⊥

	Left Ear	Right Ear
S.R.T.		
M.C.L.		
T.D.		

Findings: _____

Any special instructions: _____

Preferential seating? _____

HEIGHT: _____

WEIGHT: _____

Physician's Signature: _____

Parents: This form is to be filled out and signed by a physician.