

January 9, 2017

To: Public School District Superintendents, Private School Administrators,
Health Personnel and School Nurses

From: Robyn Ziegler, MPH
Child Health and Disability Prevention Program

Subject: School Entry Health Examination Requirement
Annual School Report due February 15, 2017

All children entering first grade in a California public or private school are required by California State law to have a comprehensive health examination completed within 18 months prior to or 90 days following entry into first grade or have a signed parental waiver of examination.

Schools are responsible for informing parents of this requirement, assisting them in getting the health exam and keeping the Report of Health Examination for School Entry or the Waiver of Health Examination for School Entry in student files.

Enclosed is a copy of the Report of Health Examination-Annual School Report and instructions for completing it. Please return the completed report to San Mateo County CHDP, 2000 Alameda de las Pulgas, Suite 200, San Mateo, CA 94403 or Fax (650) 573-2859 by February 15, 2017.

If you need a copy of the CHDP School Handbook and/or additional copies of the Report of Health Examination or Waiver of Health Examination, please contact Maria Murillo at (650) 573-2309 or mmurillo@smcgov.org.

Feel free to contact me at (650) 573-2878 or rziegler@smcgov.org with any questions or concerns.

Thank you in advance for your continued support to ensure the good health of children in San Mateo County.

Enclosures.



REPORT OF HEALTH EXAMINATIONS -- ANNUAL SCHOOL REPORT

See instructions on reverse side.

1. School code—public school district or private school	2. Check one Public school district Private school	3. School year 20__ to 20__
4. Number of schools in district with first grade enrollment	5. Telephone number ()	

6. Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.

7. Physical address (if different from mailing address)			City	State	ZIP code	
Name of School (School Districts and Private Agencies Reporting More Than One School Must Complete Items 10–15 for Each School Reported)	Total Number of Children Enrolled in First Grade at Time Report Prepared (Columns 10, 11, 12, 13, and 14)	Number of Children With Report of Health Examination for School Entry (PM 171 A) On File	Number of Children with Waiver of Health Examination for School Entry (PM 171 B)			Number of Children with Neither Documentation Nor Waiver of Examination On File
8.	9.	10.	Parent Does Not Want the Examination	Parent Unable to Obtain the Examination	Reason Not Specified	14.
11.	12.	13.				
15. Total number of schools reporting	16. Total enrolled first graders	17.	18.	19.	20.	21.

HAVE ALL ITEMS BEEN COMPLETED?

22. I certify that the numbers of children reported above are true numbers and that the parents and guardians of these children were informed of the requirement for health screening prior to first grade entry, pursuant to Section 124100, Health and Safety Code.

Print Name	Signature	Date
23. Name of contact person if different than above		24. Telephone number of contact person, if different from item 5

REPORT OF HEALTH EXAMINATIONS ANNUAL SCHOOL REPORT

INSTRUCTIONS

This form is used to report data described in Section 124100 of the Health and Safety Code. The data are a record at a point in time of the children entering first grade with a report of health examination or waiver. Using the form makes it possible to compare the results from year to year. The Report of Health Examinations Annual School Report can be obtained from the CHDP program in your local health department.

1. For public school districts and offices of education, enter the two-digit county code, the five-digit school district code, and seven zeros (0) for the school code. For private schools, enter the two-digit county code, the five-digit school district code, and the seven-digit school code. Codes for public school districts and offices of education are listed in the "California Public School Directory." Codes for private schools are listed in the "California Private School Directory." School codes can also be found at <http://www.cde.ca.gov/re/sd/>.
- 2-7. Self-explanatory.
8. Enter the name of each school reporting. If more than seven schools, attach a separate sheet with all required information.
9. Enter total first grade enrollment for each school. The SDE Annual Enrollment Data Report (R30) may be used as a source for this data.

NOTE: Ungraded Schools—Children age six on or before December 2 of any school year are defined as the equivalent of "children entering first grade."

Special Education Pupils—If school records indicate a complete examination was received within 18 months of first grade entry, report the child as having a documented examination. See "Ungraded Schools" above to determine equivalent of first grade entry.

10. Enter the number of children with a Report of Health Examination for School Entry (PM 171 A) on file. Children with only documentation signed by the parent or oral confirmation by the parent or examiner should be reported in item 14.
11. Enter the number of children with a Waiver of Health Examination for School Entry (PM 171 B) whose parent(s) indicate they are waiving because they do not want the examination.
12. Enter the number of children with a Waiver (PM 171 B) whose parent(s) indicate they are waiving because they cannot obtain the examination.
13. Enter the number of children with a Waiver (PM 171 B) with no reason or a reason that does not correspond to items 11 or 12.
14. Enter the number of children with neither documentation of a health examination, as defined in item 10, above, nor a signed waiver as indicated in items 11-13 above. Include children whose parents have not responded or refused to submit documentation/waiver, and the children who entered late and still have 90 days to complete the requirement, etc.
15. Enter the total number of schools reporting (include schools on any attached sheets).
- 16-21. Enter the total number of children from each column. (Include totals from multiple schools on any attached sheets, if necessary.) Item 16 should equal the total of items 17, 18, 19, 20, and 21.
22. Print or type name of individual authorized to submit report on the first line. Their original signature and date signed must be entered in ink on the signature and date lines.
23. Print or type the name of contact person, if different from item 22.
24. Print or type the telephone number of the contact person (from items 22 or 23) if it is different from the telephone number in item 5.

Provide a copy of the Annual School Report to the CHDP program in the local health department and other agencies, organizations, or entities according to your local school district policies. If you have any difficulty completing the form, please contact the local CHDP program.

IMPORTANT MESSAGE FOR PARENTS

HEALTH EXAM AND IMMUNIZATIONS ARE REQUIRED FOR SCHOOL

Success in school starts with a healthy child. Your child is required by California State Law to have a health check-up and immunizations (shots) before starting kindergarten or first grade. The health check-up may be done as early as six months before your child starts kindergarten and up to three months after he/she starts first grade. Immunizations, however, must be up-to-date before your child is admitted to school.

The health exam should include:

- A complete health history**
- A "head-to-toe" physical exam**
- Vision and hearing tests**
- Urine and blood tests**
- Immunizations**

See your child's doctor for the health exam. If you do not have a doctor, call the Child Health and Disability Prevention Program (CHDP) at (650) 573-2877 for help in finding one.

Children who have Medi-Cal can receive the health exam free of charge. Children from low income families may also be eligible for the free exam through CHDP. For example, a family of four can earn up to \$5,387 per month or \$64,638 per year and qualify.

When you take your child for the health exam be sure to take your child's Immunization Record (yellow card) and the "Report of Health Examination for School Entry" form.

Return the completed health form and updated immunization record to your child's school as soon as your child has been seen by the doctor. If you do not want your child to get a health exam, you will need to sign a waiver form at your child's school.

If you have any questions, please call your child's school or CHDP at (650) 573-2877.

MENSAJE IMPORTANTE PARA PADRES DE FAMILIA

PARA ENTRAR EN LA ESCUELA SU NIÑO/A NECESITA UN EXAMEN MEDICO Y VACUNAS

El éxito en la escuela comienza con buena salud, por lo tanto, su niño/a necesita un examen médico y vacunas antes de empezar el kinder/primer año escolar, requerido por la ley estatal de California. El examen médico puede hacerse seis meses antes de empezar el kinder o hasta tres meses después de iniciar su primer grado. Recuerde que su niño/a debe estar al día con las vacunas antes de ser admitido en la escuela.

El Examen Médico debe incluir:

- Una historia completa de salud**
- Un examen físico de "pies a cabeza"**
- Un examen de la vista y de los oídos**
- Análisis de la sangre y de la orina**
- Las vacunas que le hagan falta**

Visite al doctor de su niño(a) para un examen médico. Si no tiene un doctor, llame al "Programa de Salud para La Prevención de Incapacidades en Niños y Jóvenes" (CHDP) teléfono (650) 573-2877 para ayudarlo a encontrar un médico.

Niños y jóvenes que tienen Medi-Cal pueden recibir exámenes de salud gratis. Niños y jóvenes en familias de bajos ingresos también pueden ser elegibles para exámenes médicos gratis a través del programa CHDP. Por ejemplo, una familia de cuatro personas puede ganar hasta \$5,387 al mes o \$64,638 al año y califica para nuestro programa.

Cuando vaya al Examen Médico asegúrese de llevar:

- Registro de vacunación (la tarjeta de vacunas amarilla)**
- La forma "Reporte del Examen de Salud para el Ingreso a la Escuela" ("Report of Health Examination for School Entry")**

Lleve a la escuela el reporte de su niño(a) tan pronto el doctor se lo entregue. Si no desea que a su niño(a) se le examine, Ud. tiene que firmar una forma, "Renuncia Voluntaria para Recibir un Examen de Salud para Ingresar a La Escuela".

Si tiene preguntas, por favor llame a la escuela o al programa CHDP, teléfono (650) 573-2877.

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: _____ State: _____ 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/DTp/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (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

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.

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)*

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.

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entreguelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido: _____ Primer Nombre: _____ Segundo Nombre: _____ FECHA DE NACIMIENTO—Mes/Día/Año: _____

DOMICILIO—Número y Calle: _____ Ciudad: _____ Zona Postal: _____ Escuela: _____

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DT/DTd (difteria, tétano y [acelular] pertusis [los ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELA (Viruelas locas)					
OTRA					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

RESULTADOS Y RECOMENDACIONES
Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

- Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián: _____ Fecha: _____

Nombre, domicilio, y teléfono del examinador: _____

Firma del examinador de salud: _____ Fecha: _____

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		First	Middle	DATE OF BIRTH—Month/Day/Year
ADDRESS—Number, Street		City	ZIP Code	SCHOOL
				Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

I choose not to have my child receive a health examination as part of the school entry requirement.

I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian _____ Date _____

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.
CHDP website: www.dhcs.ca.gov/services/chdp

