



Hello,

Attached is information from the school nurse regarding the standard health requirements for incoming kindergarten students.

If you have any questions, feel free to contact Jen Scarbrough at 530-265-4823.

Jennifer Scarbrough

Student Records

Forest Charter School

530-265-4823

KINDERGARTEN ROUND-UP

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

Dear Parent or Guardian:

For the health and well-being of your child, California law requires that all children entering kindergarten or first grade have a health checkup. The law allows for the checkup to be completed up to 18 months prior to entry into first grade or within 90 days thereafter. This is to ensure that they are healthy, ready to learn and immunized against communicable diseases.

The attached “**Report of Health Examination for School Entry**” form must be completed by your child’s physician and returned to your child’s school as verification of the health checkup.

Many children are eligible to receive this checkup at no cost. For more information or to see if your child qualifies for a free CHDP examination, call a CHDP Provider on the attached list.

All children on Medi-Cal and children of most low to moderate income families can receive a free examination by a CHDP Provider.

To schedule a CHDP exam, see attached Nevada County CHDP list of providers that can offer free CHDP exams and immunizations to those who qualify.

HEALTH CHECK-UP

A complete well-child exam includes the following:

Physical Exam
Dental Screening
Vision and Hearing Screenings
Urine and Blood Tests
Updating Your Child’s Immunizations
Discussing Your Child’s Development and Nutrition



A FREE CHDP exam can also be the “Gateway” to Medi-Cal. A free CHDP exam is the perfect way to access continuing medical coverage for your child.

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
NEVADA COUNTY PUBLIC HEALTH DEPARTMENT

500 Crown Point Circle, Suite 110, Grass Valley, CA 95945 (530) 265-1424

NEVADA COUNTY CHDP PROVIDER LIST

GRASS VALLEY/NEVADA CITY

Western Sierra Medical Clinic (Miner's)

(530) 274-9762

(530) 273-7255 Fax

844 Old Tunnel Road

Grass Valley, CA 95945

Se Habla Español



LAKE OF THE PINES/WOLF ROAD

Sutter Medical Group

(530) 745-1500

(530) 745-1505 Fax

10058 Wolf Road

Grass Valley, CA 95949

(closed to new patients)



NORTH SAN JUAN/NEVADA CITY

Sierra Family Medical

(530) 292-3478

(530) 292-4296 Fax

15301 Tyler Foote Road

Nevada City, CA 95959

TRUCKEE

Tahoe Forest MultiSpecialty Clinic- Pediatrics

(530) 587-3523

(530) 582-6192 Fax

10956 Donner Pass Road, Suite 130

Truckee, CA. 96161

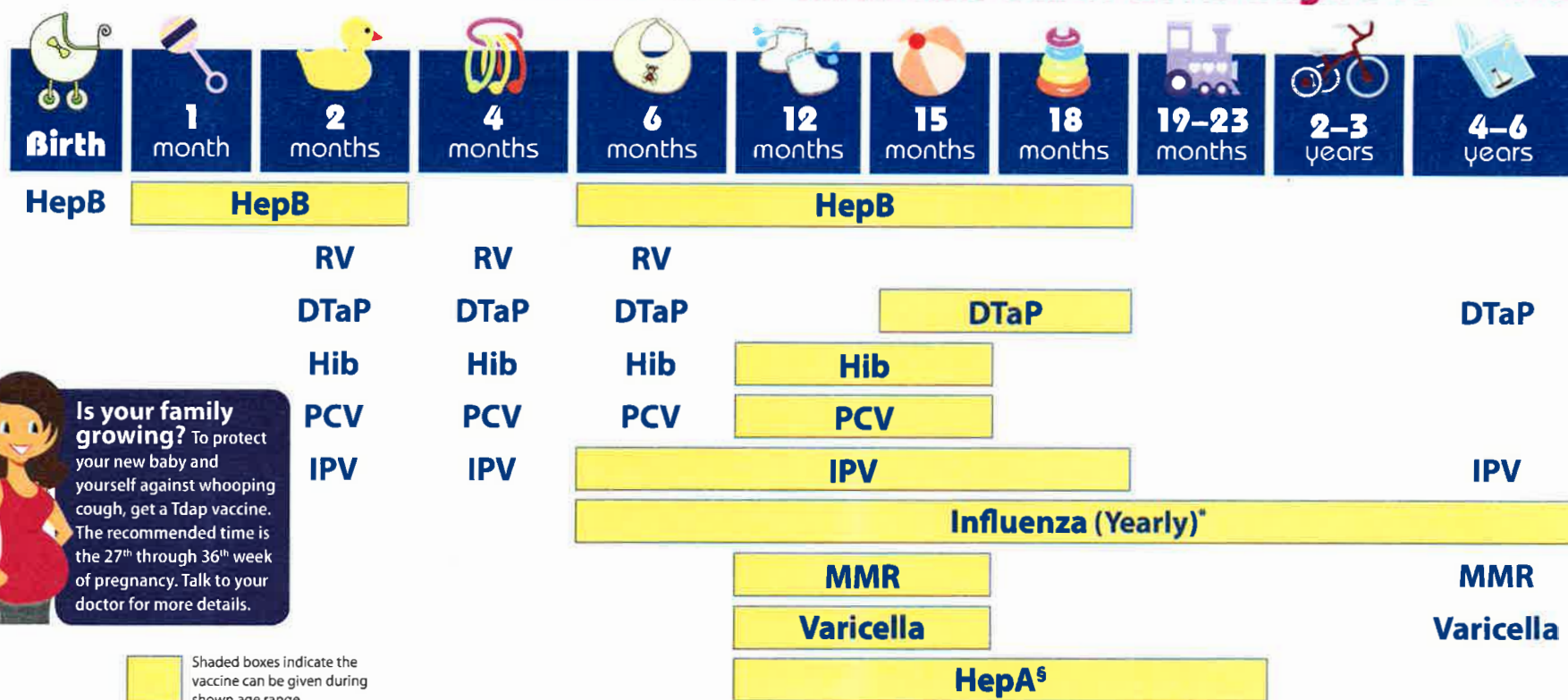
Se Habla Español

NEVADA COUNTY PUBLIC HEALTH DEPARTMENT CHILD HEALTH & DISABILITY PREVENTION PROGRAM

500 Crown Point Circle, Ste 110, Grass Valley Ca 95945

530-265-1424 Fax 530-271-0841

2017 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

^s Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K-12



Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-contain- ing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY GRADES TK/K–12 (continued)

ADMIT A CHILD UNCONDITIONALLY WHO:

- Has all immunizations required for their age or grade, or
- Entered Transitional Kindergarten with
 - a valid personal beliefs exemption (PBE) for missing shot(s) that was signed within 6 months prior to entry and filed before January 1, 2016 and
 - immunization records with dates for all required shots not exempted, or
- Is entering 1st–6th grade or 8th–12th grade and submits a valid PBE filed at a prior California school for missing shot(s) and immunization records with dates for all required shots not exempted. The PBE must have been filed before January 1, 2016 and is only valid for the current grade span (TK/K through 6th or 7th through 12th grade). For complete details, visit ShotsforSchool.org, or
- Submits a licensed physician's written statement of a permanent medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

The immunization requirements do not prohibit pupils from accessing special education and related services required by their individualized education programs.

A CHILD WHO IS MISSING REQUIRED SHOTS MAY BE ADMITTED CONDITIONALLY IF HE/SHE:

- Is missing a dose(s) in a series, but the next dose is not due yet. This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed, according to the table below.
- Has a temporary medical exemption to certain vaccine(s) and has submitted immunization records for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

SCHOOLS NEED TO FOLLOW UP AFTER ADMISSION IF:

- Child was admitted conditionally. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.
- Awaiting records for transfers from within California or another state. School may allow up to 30 school days before exclusion.

When Missing Doses Can Be Given:

Vaccine	Age (Years)	Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio		2nd	6 weeks	10 weeks
		3rd	6 weeks	12 months
	4–6	4th	If the 3rd dose was given before the 4th birthday, one more dose is required before admission.	
	7–17	4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
DTaP, DTP, or DT	Under 7	2nd or 3rd	4 weeks	8 weeks
		4th	6 months	12 months
		5th	If the 4th dose was given before the 4th birthday, one more dose is required before admission.	
DTaP, DTP, DT, Tdap, or Td	7 & Older	2nd	4 weeks	8 weeks
		3rd	6 months	12 months
		4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
MMR		2nd	1 month	3 months
Hep B	4–6	2nd	1 month	2 months
		3rd	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose
Varicella	13–17	2nd	4 weeks	3 months

DO NOT ADMIT A CHILD WHO:

Does not fit one of the previous categories. Refer parents to their physician with a written notice indicating which doses are needed.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs.



What is a Child's Dental Home?

It is a place to take your child for regular visits to a dentist.

When Should You Find a Dental Home for Your Child?

By the 1st birthday is best.
It's never too early or too late to find a dental home.

Why Does Your Child Need a Dental Home?

- ☒ To help build a lifetime of healthy dental habits.
- ☒ To have a place where the dental staff knows your child and has a record of his/her care.
- ☒ To receive sealants, fluoride, and advice to prevent tooth decay.
- ☒ To find dental problems early - before they hurt.
- ☒ To know where to call when there's a dental emergency.

Tips for Visiting Your Child's Dental Home:

- ☒ Arrive 15 minutes early with teeth brushed and flossed.
- ☒ Keep all appointments; if you can't, call 2 days ahead.
- ☒ Be positive with your child. Don't use words like "pain," "hurt," or "shot".
- ☒ Keep children calm and quiet in the dental office.
- ☒ Ask questions about your child's oral health and treatment needs.

NEVADA COUNTY MEDI-CAL DENTAL LIST

DENTI-CAL

1 (800) 322-6384

www.denti-cal.ca.gov

Dental Referrals

GRASS VALLEY/NEVADA CITY

Chapa-De Dental Clinic

www.chapa-de.org

(530) 477-9560

1350 E. Main Street, Grass Valley

Medi-Cal/All ages

Sliding Scale

Western Sierra Medical Clinic (Miner's)

(530) 274-9762

844 Old Tunnel Road, Grass Valley

Monday-Friday (children), Monday-Friday (adults)

Medi-Cal – Children all ages

Sliding Scale/ Se Habla Espanol

NORTH SAN JUAN/NEVADA CITY

Sierra Family Medical Dental Services

(530) 292-3478, Ext 221

15301 Tyler Foote Road, Nevada City

Popov, Bozhidar DDS

Shirasuka, Tetsuya DDS

Schultz, Becky DDS

Medi-Cal/ All ages

Sliding Scale/ Se Habla Espanol

DOWNIEVILLE

Western Sierra Dental Clinic

(530) 289-3199

17 Front Street, Downieville

Medi-Cal/Children age 5 and up

Sliding Scale/ Se Habla Espanol

AUBURN

Chapa-De Dental Clinic

www.chapa-de.org

(530) 887-2830

11670 Atwood Road, Auburn

Medi-Cal/All ages

Sliding scale

ROSEVILLE

Western Dental Services

1 (800) 579-3783

9450 Fairway Drive, Suite 110, Roseville

Medi-Cal/ Children all ages

Se Habla Espanol

TRUCKEE/KING'S BEACH

Ehrhart, Jeanne DDS

(530) 546-3297

8233 Rainbow Avenue, Kings Beach

Medi-Cal Children/5 to 17 yrs

Placer County Dental Clinic (transitioning to Western Sierra Dental Clinic in April '17)

(530) 546-1970

8665 Salmon Avenue, Kings Beach

Medi-Cal/ Children all ages

Sliding Scale/ Se Habla Espanol

YUBA CITY/MARYSVILLE & VICINITY

Ampla Health,

Lindhurst Family Dentistry

(530) 743-4614

4941 Olivehurst Avenue, Olivehurst

Medi-Cal 21yrs old and under

Sliding Scale/ Se Habla Espanol

****New patients expect appointment delays up to two months****

Western Dental Services

(530) 751-0300

727 Colusa Avenue, Yuba City

Medi-Cal /Children all ages

Se Habla Espanol

NEVADA COUNTY PUBLIC HEALTH DEPARTMENT
CHILD HEALTH & DISABILITY PREVENTION PROGRAM

500 Crown Point Circle Ste 110, Grass Valley CA 95945

Phone 530-265-1424 Fax 530-271-0841

IS YOUR CHILD AT RISK FOR LEAD POISONING?

CHECK FOR LEAD IN AND AROUND YOUR HOME:



- **Paint:** Move your child's things away from and safely repair chipping paint.
- **House Dust:** Wet wipe or mop surfaces to remove dust and dirt. Do not let your child chew on windowsills or other surfaces.
- **Bare Dirt:** Cover bare dirt outside where your child plays.
- **Vinyl Mini-Blinds:** Replace old vinyl mini-blinds and do not let your child chew on them.



- **Plumbing Materials:** Tap water is more likely to have lead if plumbing materials, including solder or service lines, contain lead. Reduce potential exposure to lead in tap water by running water until it feels cold and only drawing from the cold tap for cooking, drinking, or baby formula (if used).
- **Water From Wells:** The only way to know if your water has lead is to have it tested.

Learn more about water testing: www.epa.gov/lead/protect-your-family-exposures-lead#testdw



- **Dishes, Pots, & Water Crocks:** Avoid using dishes, pots, and water crocks that are worn or antique, from a discount or flea market, made of crystal, handmade, or made outside the USA unless they have been tested and don't have lead.



- **Food & Spices:** Avoid imported foods and brightly colored spices that might have lead in them, like chapulines and turmeric.
- **Candies:** Avoid recalled candies: www.cdph.ca.gov/data/Documents/fdbLiCLiC07.pdf



- **Traditional Make-Up & Traditional Remedies:** These products often have lead in them: surma, azarcon, greta, pay-loo-ah. Talk to your doctor before using these or other traditional make-up or remedies (e.g., brightly colored powders, traditional Chinese or Ayurvedic remedies).



- **Toys:** Check toys for peeling paint and wash them often. Old or vinyl toys are more likely to have lead. Avoid recalled toys: www.cpsc.gov
- **Jewelry:** Do not let your child suck on or play with jewelry. Learn more: www.dtsc.ca.gov/Toxic-Jewelry-Samples.cfm



- **Lead Fishing Sinkers & Lead Bullets:** Do not let your child touch lead fishing sinkers or lead bullets or casings.
- **Lead Solder:** Keep your child away from activities that use lead solder, like welding, or stained glass or jewelry making.



- **Take-Home Lead:** Avoid taking lead home from work or hobbies. If you work with lead, change out of work clothes and shoes and wash up before getting in your car or going home.
- **Home Repair/Improvement Projects:** Do not scrape or sand paint on your home unless you know your paint does not have lead in it.

For more information, go to
www.cdph.ca.gov/programs/clppb, or call your
local Childhood Lead Poisoning Prevention Program:



Sherry Armstrong, PHN - CLPPP Coordinator
Nevada County Department of Public Health
Childhood Lead Poisoning Prevention Program

T: 530-265-1460

F: 530-271-0894

sherry.armstrong@co.nevada.ca.us

?ESTA SU HIJO A RIESGO DE ENVENENAMIENTO POR PLOMO?

REVISE SI HAY PLOMO ALREDEDOR Y ADENTRO DE SU CASA



- **Pintura:** Alejar las cosas de su hijo de la pintura descascarada y repárela.
- **Polvo de la casa:** Limpiar con toallas húmedas o trapee para remover el polvo y tierra. No deje que su hijo muerda los travesaños de las ventanas, persianas u otras superficies.
- **Tierra descubierta:** Cubra la tierra exterior, donde juega su hijo.
- **Persianas de vinilo:** Reemplazar mini persianas de vinilo viejas y no deje que su hijo las muerda.



- **Materiales de plomería:** Es más probable que la agua de la llave contenga plomo si los materiales de plomería, incluyendo la soldadura o líneas de servicio contienen plomo. Para reducir el riesgo potencial del agua de la llave dejela correr hasta que este fría y sólo use el agua fría para cocinar, beber o mezclar fórmula para bebés (si se utiliza).
- **Agua de los pozos:** La única manera de saber si el agua contiene plomo es a través de una prueba.

Aprenda mas sobre analisis de agua: www.epa.gov/lead/protect-your-family-exposures-lead#testdw



- **Platos, Ollas y vasijas de barro de agua:** Evitar el uso de platos, ollas o vasijas de barro que estén usados o sean antiguos especialmente si fueron comprados en un mercado o tienda de descuento, son hechos de cristal o a mano o fuera de los EE.UU. a menos que hayan sido examinados y no contengan plomo.



- **Alimentos y especias:** Evitar los alimentos importados y especias de colores brillantes que podrían contener plomo, como chapulines y la cúrcuma.
- **Dulces:** Evitar retirados del mercado: www.cdph.ca.gov/data/Documents/fdbLiCLiC07.pdf



- **Maquillaje y remedios tradicionales:** Muchas veces estos productos contienen plomo: surma, azarcón, greta y pay-loo-ah. Hable con su médico antes de usar estos o otrosmaquillajes o remedios tradicionales (por ejemplo, remedios Chinos tradicionales o ayurvédicos).



- **Juguetes:** Revisar juguetes para ver que no hay pintura descascarada y lavar con frecuencia. Juguetes viejos o de vinilo son más propensos a tener plomo. Evite juguetes ya no disponibles en la tienda: www.cpsc.gov
 - **Joyas:** No deje que su hijo chupe o juegue con las jollas.
- Aprenda mas: www.dtsc.ca.gov/Toxic-Jewelry-Samples.cfm



- **Plomadas de pesca y balas de plomo:** No deje que su hijo toque plomadas de plomo o balas plomo.
- **Soldadura de plomo:** Mantener a su hijo alejado de las actividades que utilizan la soldadura de plomo, como soldadura o vidrios de colores o la fabricación de joyas.



- **Evite llevar plomo a casa:** Evite llevar plomo a la casa de su trabajo o pasatiempos. Si usted trabaja con plomo, cambie su ropa de trabajo y los zapatos y lávese antes de entrar en su coche o ir a casa.
- **Reparaciones y proyectos en el hogar:** No raspe la pintura en su casa a menos que usted sabe que su pintura no contiene plomo.

Para mas información, contactar:
www.cdph.ca.gov/programs/clppb, o llame a su programa
de prevención de envenenamiento por plomo en los niños locales:



OSP 15 141501

Sherry Armstrong, PHN - CLPPP Coordinator
Nevada County Department of Public Health
Childhood Lead Poisoning Prevention Program

T: 530-265-1460

F: 530-271-0894

sherry.armstrong@co.nevada.ca.us

Does Your Child Need A Blood Lead Test?

YES! If your child receives services from Medi-Cal, WIC, the CHDP program or CalWorks

YES! If your child has lived in or spent a lot of time at a home, child care facility or other building built before 1950

YES! If your child has lived in or spent a lot of time at a home built before 1978 with recent or ongoing repair, remodeling or damage (such as water and/or chipping and peeling paint)

YES! If your child has moved from another country or other high risk place (such as an older home) within the last 12 months

YES! If your child has a sibling or playmate with an elevated blood lead level

YES! If you or other frequent caregivers work with lead

YES! If anyone in your home uses traditional, folk, or ethnic medicines or make-up

YES! If anyone in your home eats food or candy brought from another country by family members or friends

If Your Child Needs a Blood Lead Test, When Should It Be Done?

- ✓ At your child's 12 and 24 months well-child exams
- ✓ Any time if your child is under 6 years old and has never been tested
- ✓ Any time you or your child's doctor thinks your child is at risk

For help in finding a CHDP Provider that can provide LEAD TESTING during your child's well-child exam please call the Nevada County CHDP Program at (530)265-1460.

Together We Can Keep Kids LEAD Safe!

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	SCHOOL
ZIP code			

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/d (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)**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.

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.

CHDP website: www.dhs.ca.gov/chdp

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 entregelo 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/DT/Td (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					
VARICELLA (Viruelas locas)					
OTRA					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

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).

CHDP website: www.dhs.ca.gov/chdp