



# KINDERGARTEN and FIRST GRADE PHYSICAL EXAMINATION REQUIREMENTS

State law requires that all children entering First Grade must have proof of a complete physical examination - or - a waiver must be signed. This exam must be completed from 6 months before entering kindergarten to 90 days after entering first grade. In event of non-compliance, State law requires a child be excluded from school for up to five (5) days.

1. The school district recommends that exams be completed during kindergarten.
2. Physical examinations may be obtained from your family doctor or at no cost clinics for children who:
  - Are covered by Medi-Cal,
  - Have no health insurance, or
  - Are from low to moderate income families.
3. If you think your child may be eligible for a free exam, please call this number for information about scheduling an appointment:

**1 (800) 564-8448**

Child's Name	Birthdate	Grade

**Please check all of the following that applies to your child's exam. Thank you.**

- Completed Exam:** The report of my child's exam is attached to this form.
- Possible Eligibility For a No Cost Exam:** My child may be eligible for a free physical exam and I will call the number listed above to schedule an appointment.
- Plans For Completion:** My child has not yet received the required physical exam. My signature below verifies the following:
- I have read this letter including the number to call for scheduling no cost physical exams.
  - I will call my child's doctor or the number above to schedule an appointment
  - This signed form will serve as a temporary waiver which will be removed from school records upon receipt of my child's completed examination report.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## 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	/ /
TB Risk Assessment and Test, if Indicated	/ /
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)					
Diap/DTP/DITd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
H1B MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

#### RESULTS AND RECOMMENDATIONS

Fill out if parent 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	Date

Signature of health examiner	Date
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*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.*