

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 PARENT OR GUARDIAN

| | | | |
|------------------------|-------------|----------|---------------------------|
| Child's Name: Last | First | Middle | Birthdate: 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.

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)

| REQUIRED TESTS/EVALUATIONS | DATE |
|---------------------------------------|------|
| Health History | |
| Physical Examination | |
| Dental Assessment | |
| Nutritional Assessment | |
| Developmental Assessment | |
| Vision Screening | |
| Audiometric (hearing) Screening | |
| TB Risk Assessment or Test, if needed | |
| Blood Test (for anemia) | |
| Urine Test | |
| Blood Lead Test | |
| Other | |

| VACCINE | DATE EACH DOSE WAS GIVEN | | | | |
|---|--------------------------|--------|-------|--------|-------|
| | First | Second | Third | Fourth | Fifth |
| Polio (OPV or IPV) | | | | | |
| DTaP/DTP/DT/Td (Diphtheria, tetanus, & (acellular) pertussis) OR (Tetanus & diphtheria only) | | | | | |
| MMR (measles, mumps, and rubella) | | | | | |
| HIB Meningitis (Haemophilus influenza B) (Required for child care/preschool only) | | | | | |
| Hepatitis B | | | | | |
| Varicella (Chickenpox) | | | | | |
| Other (e.g., TB Test, if indicated) | | | | | |

**Do not use this area
for immunizations.
Provide separate
immunization
record as indicated
above.**

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.
☐ Condition 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 and office stamp 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.



Irvine Unified School District
Health Services

Board Policy 5141.3

Physical Exam Requirements for Transitional Kindergarten, Kindergarten or
1st Grade Entry

- All **Transitional Kindergarten (TK)** students must have an examination **no more than twelve months prior to** entering Transitional Kindergarten. The TK physical exam will also qualify for Kindergarten entry. TK students will need to submit a new and current physical exam **prior to** first grade entry.
- All **Kindergarten** students must have an examination **no more than six months prior to** entering Kindergarten. If exam is completed between 6-12 months prior to Kindergarten entrance, another physical exam will be required **prior to** entering first grade.
- All **first grade** students must have an examination **no more than 18 months prior to** entry into first grade.

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