

Report of Medical Examination for School Entry

California law requires a medical examination for school entry to protect the health of all children.

Please return this report to the school. All personal information will be kept confidential.

PART I TO BE FILLED OUT BY PARENT OR GUARDIAN/ Español al dorso						
CHILD'S NAME—		First	Middle I		School	
ADDRESS—Numb	per, Street	City	ZIP Code	е	Birth Date—Month/Day/Year	
☐ I want the medical provider to complete Part II and Part III ☐ I want the medical provider to complete Part II only ☐ Signature of Parent or Guardian ☐ Date						
PART II TO BE FILLED OUT BY THE MEDICAL PROVIDER						
Tests and Evaluations			Date	Medical Provider Information Name, Address, and Telephone Number:		
Child's Height	Child's Weight	Child's BMI Percentile		Ivain	e, reduces, and rerephone reamour.	
inches	lbs	ozs %				
Health/Developmen						
Physical Examination						
Nutritional Evaluati						
Vision Screening						
Audiometric Screen						
Blood Test for Ane						
Urine Dipstick						
Dental Screening					/	
Tuberculin (TB) Skin Test (Recommended for ALL children entering first grade)				Sig	nature of Medical Professional Date	_
CHILD HAS A COMPLETED OR UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD						
Other Health Information (<i>Optional</i>): For the child's welfare—and with the permission of the parent or guardian—it is recommended that significant health information be shared with the school. <i>Please contact the school nurse if the child needs help with medication at school</i> . □ Parent requests Part III not be filled out □ The examination revealed no conditions of importance to school or physical activity. □ Conditions that need further evaluation or that can affect school or physical activity are (<i>please explain</i>):						
WAIVER OF MEDICAL EXAMINATION Note: Your child must have immunizations required by State law, even if no health examination is given. I have been told about the medical examination recommended by health professionals and required by State law. I have also been told where and how my child can receive medical examinations at no cost, if such assistance is needed. I do not want my child to receive a medical examination I do want my child to receive a medical examination, but I am unable to get it because						
Signat	ure of Parent or Guardi	ian			Date	

County of San Diego Health and Human Services Agency, 3851 Rosecrans Street, Suite 522, MS: P511-H, San Diego, CA 92110

For more information, please call 619-692-8808