

School Entry Health Examination Requirement Handbook



County of San Diego Health & Human Services Agency
Maternal, Child, and Family Health Services
Child Health and Disability Prevention (CHDP) Program



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About This Handbook

The School Entry Health Examination Handbook was developed by the California Department of Health Care Services and updated by the local Child Health and Disability Prevention (CHDP) Program at the County of San Diego Health & Human Services Agency.

The handbook is designed to provide information about the School Entry Health Examination (also referred to as the School Entry Health Checkup) requirement to school staff. This handbook and the forms referenced are available online at the County of San Diego CHDP website at: www.chdpsd.org.

For any questions regarding the health examination requirement, ordering forms, reporting, or assisting a child in receiving free or low-cost dental or medical care, please call the CHDP Program at **(619) 692-8692**.

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Child Health & Disability Prevention Program Background

The Child Health and Disability Prevention (CHDP) Program began in 1967 when an amendment to the federal Medicaid law authorized a program for Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) services for children eligible for Medicaid. The CHDP program includes a mandate that all children entering first grade provide documentation of a comprehensive health examination completed within **18 months prior to or 90 days following** the first day of school or have a waiver of this requirement on file. This health examination is required for all children regardless of income.

In 2003, the California Department of Health Care Services established the CHDP Gateway Program to ensure more children receiving CHDP services have the opportunity to receive comprehensive health coverage at no-cost through Medi-Cal. Through the CHDP Gateway Program, children receiving CHDP health exams are electronically screened for Medi-Cal eligibility and, if eligible, leave the provider's office with temporary Medi-Cal health insurance coverage. Families then need to complete the Medi-Cal application to continue their insurance coverage.

What Is Considered A Comprehensive Health Examination?

A comprehensive health examination includes ALL of the following:

- Health and developmental history
- Physical exam
- Immunizations
- Oral health screening
- Nutrition assessment
- Behavioral health assessment
- Vision screening
- Hearing screening
- Health information
- Lab tests for anemia, blood lead, Tuberculosis screening, and other tests, as needed



CHDP First Grade School Entry Health Examination Requirement

All children who enter first grade in a California public, private, or charter school are required by California state law to have a comprehensive health examination (also referred to as the School Health Entry Checkup) completed within **18 months prior to or 90 days after** the first day of first grade, or submit a signed parental waiver of the health examination. The intent of this requirement is to:

- Ensure all school children receive a health examination to promote success in school,
- Increase the number of children who receive a health examination, resulting in fewer untreated health problems, less illness, and improved attendance at school,
- Facilitate school staffs ability to collect mandated forms in a timely manner,
- Simplify school entry health requirements by having the California School Immunization Record and School Entry Health Examination due at the same time, and

- Ensure school compliance with California state law (*refer to Appendix A*).

Schools are responsible for: 1) *informing* their students of the school entry health examination requirement, 2) *assisting* them in getting the examination, and 3) *maintaining* the School Entry Health Checkup Requirement form or the Waiver of Medical Examination in student's files to be reported when students enter the first grade. Please read below for acceptable and not acceptable documentation for the school entry health examination requirement.

Acceptable Documentation

- A parent's copy of the CHDP Confidential Screening/Billing Report (PM 160) form completed by a physician or nurse practitioner (*refer to Appendix B*),
- The State-approved health or waiver form* (*refer to Appendix C and D*),
- School Entry Health Checkup Requirement (green) form completed by a physician or nurse practitioner (*refer to Appendix E*), or
- Other complete physical screening forms from a physician's office that include the same comprehensive screening tests as the School Entry Health Checkup Requirement form.

***Waiver**

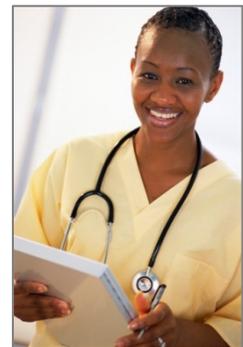
The waiver is primarily intended for reasons of deeply held personal beliefs, not as a matter of convenience. According to California law (Health and Safety Code, Section 124085) if the waiver indicates that the parent or guardian was unable to obtain the services for the child, the waiver is to include the reason(s) why.

If a parent/guardian does not wish to obtain a health examination for their child based on personal beliefs, the parent/guardian must sign the waiver portion at the bottom of the School Entry Health Checkup Requirement form. However, parents/guardians should be encouraged to obtain a health examination for their child. The signing of the waiver should not be used by parents/guardians to avoid the important responsibility of obtaining a health exam for their child. If the reason for not obtaining the examination is because the parent/guardian cannot afford it, every effort should be made to help the family find resources to enable them to get the examination.

Who provides the Health Examination and Signs the Form?

A licensed physician, certified pediatric nurse practitioner, or certified family nurse practitioner performs, or supervises, the appropriate health examination screening procedures and completes the School Entry Health Checkup Requirement form (or other acceptable documentation) to document that the child received the appropriate health screening procedures.

The school entry health examination is provided by the family's usual source of medical care, including, but not limited to: private doctors, community clinics, health department clinics, prepaid health plans, military facilities, and some school districts. The health care provider should give an explanation and copy of the results of the health examination to the parent/guardian. If the child needs a referral for follow-up on medical or



dental care, assistance in finding needed services should also be provided.

Families of children who do not have a usual source of medical care should contact the CHDP program for a referral to a CHDP provider at **1-619-692-8808**.

What About Immunizations?

Immunizations are included in the CHDP examination. Please contact the County of San Diego Immunization Department at 1-866-358-2966, visit their website at www.sdiz.org, or refer to the new edition of the California Immunization Handbook for further information.

Unacceptable Documentation

Verbal confirmation by a parent/guardian is unacceptable documentation.

Schools must also inform parents/guardians that no-cost health examinations are available to eligible children through the CHDP program. The CHDP program assists families to meet the first grade health entry examination requirements by linking families to local CHDP providers for these services (*refer to Appendix F*).

Health Entry Exam Policies

Is the School Entry Requirement Different for Children Who Attend a Year-Round School, a Charter School, or Home School?

There is no difference. The requirement of **18 months prior to first grade entry and 90 days after** first grade entry applies, regardless of what time of year or age the child enters first grade.

Although it is no longer required, schools and districts are still strongly encouraged to submit health examination annual reports to their local CHDP program to allow the County of San Diego and community agencies to identify how many local children still lack access to health care and to develop strategies to ensure that all children receive the health care they need.

What if Parents/Guardians Cannot Afford the Health Examination?

In the interest of the child's own health and school performance, school personnel should make every effort to advocate for the child to obtain a physical examination and refer families to services. Children from low-income families may be eligible for a health examination at no-cost to the family. To qualify for CHDP program services at no-cost to the family, the child must live in California and have Medi-Cal insurance, or be younger than 19 years of age, and from a family with income at or below 266% of the Federal Income Guidelines. The CHDP program can assist families in finding a health care provider that participates in the CHDP program. Families can reach CHDP at **1-619-692-8808** for more information.

Can Schools/Districts Exclude Children From Attending School for Failure to Submit the Health Examination Report or Waiver?

California law recognizes the importance of health to learning and the important role of schools in ensuring the health of students by requiring that students have documentation of a health examination before the end of first grade. The law does not require exclusion for failure to submit the health examination report or waiver, but a school board may establish a more stringent policy in accordance with Section 124105 of the Health and Safety Code.

If a child has no documentation of a health examination or a signed waiver on file by the 90th day after school entry, the governing board of the school or district may exclude the child from school for no more than five days beginning the 91st calendar day following entrance into first grade. Public schools should contact their district office to determine what their specific district policy is regarding exclusions and exemptions from exclusion.

Grade Retentions

A Child Repeats Kindergarten

If a School Entry Health Checkup Requirement form has been submitted, the child does not need to repeat the examination. Retain the form in the student's health record or cumulative file as evidence of the child's health examination. This will count as proof of the SEHE requirement and be reported at the time of entry into first grade. If the School Entry Health Checkup Requirement form is not on file and the child will be 6 years old (the age of first grade entry), before September 1st of the school year, the form must be submitted within 90 days of the start of the school year.

A Child Repeats First Grade

A School Entry Health Checkup Requirement form should be on file. If the form has been submitted, the child does not need to repeat the examination. If the report is not on file, a report must be submitted within 90 days of the commencement of the current school term. Retain the form in the student's health record or cumulative file as evidence of the child's health examination for the current school year.

Transfers

A Child Has Had a Health Examination in Head Start or State Pre-School?

If the examination was given within the 18 months period prior to first grade entry, it will meet the school entry requirements. If it was given more than 18 months prior to first grade entry, the health examination must be repeated.

A Child Transfers from Another District or State?

A "grace period" of 30 days is allowed for the transfer of the child's record. If the School Entry Health Checkup Requirement form is included in the child's record when the school receives it, there is no need to repeat the examination. However, if there is no record or the record is not within 18 months before first grade, then the child must meet California school entry requirements. The child must complete a health examination within 90 days of the date of entry into first grade in California.

Data Collection and Tracking

The School Entry Health Checkup Requirement form should be distributed at the beginning of the school year in registration packets. Schools are responsible for informing their students of the school entry health examination requirement, and maintaining the necessary documentation in students' files.

School Data Entry Options

School Entry Health Examination Tracker by Student

Schools may use the School Entry Health Examination Tracker by Student (a Microsoft Excel file) to track each student's forms. This file allows staff to individually track health examination forms, waivers, or no responses of each first grade student in the school. The advantage of using this file is that staff may individually track each student (including what he/she submitted, waiver reason, etc.) and follow-up with students. In addition, staff will not have to manually count and record summary numbers because the Excel file has a feature in which any data entered is automatically counted and summed in a separate tab.

When the Excel file is opened, staff will see two tabs (worksheets), one named 'Student Entry' and the other 'Summary.' To begin data entry, type in the names or IDs of all kindergarten and eligible first grade students and the grade in which he/she belongs in the 'Student Entry' worksheet. Upon receiving a School Entry Health Checkup Requirement form from a student, type in the student's name or school ID and enter the student's information from the form. Select the appropriate option from the drop-down box. An example of data entry of a student is found below (for a more detailed graphic, please see Appendix G):

School Entry Health Examination Tracker by Student			
Student ID	Documentation Provided?	Waiver Reason	Select if <u>NO</u> Health Exam Documentation <u>OR</u> Waiver
3818	Health Exam	N/A	
4454	Waiver	Unable to obtain	
4525	None Provided	N/A	x
4146	Waiver	<input type="text"/>	
		<div style="border: 1px solid black; padding: 5px;"> Does not want Unable to obtain No reason provided N/A </div>	

Data Reporting

Annual District Summary Report (Appendix H)

The CHDP Health Examination Report contains the following information:

- The name of the school,
- The number of children enrolled in first grade,
- The number of children who submitted documentation of a completed health examination,
- The number of children who submitted a health examination waiver and the corresponding reason, and
- The number of children who did not submit either documentation of a completed health examination or a health examination waiver.

School Entry Health Examination Summary Report (SEHE)

The Annual School Report – CHDP Health Examination form is a one-page file to be completed for each school by the designated school nurse at the end of each school year. This form may be typed into electronically or written over and contain all fields of information that must be submitted to the school district. This form is different from the Excel file in that the school nurse has to manually count and record the summary numbers from students' records. All public school districts and private schools with first grade enrollment are encouraged to submit a SEHE Summary Report for the school entry health examination to their local CHDP program by **January 15** of each year.

- Public schools should submit their School Entry Health Examination Summary Report to their district by **December 15th** of each year. The District Office then prepares the Annual District Summary Report for all school's entry health examinations (*refer to Appendix G*) based on data sent by schools and submits the information to the CHDP Program by **January 15th**.
- Private schools will submit their school entry health examination Annual District Summary Report directly to the CHDP Program by **January 15th**. For schools with ungraded and/or special education students, only children who are 6 years of age on or before September 1st of the current year need to be included in the annual report.

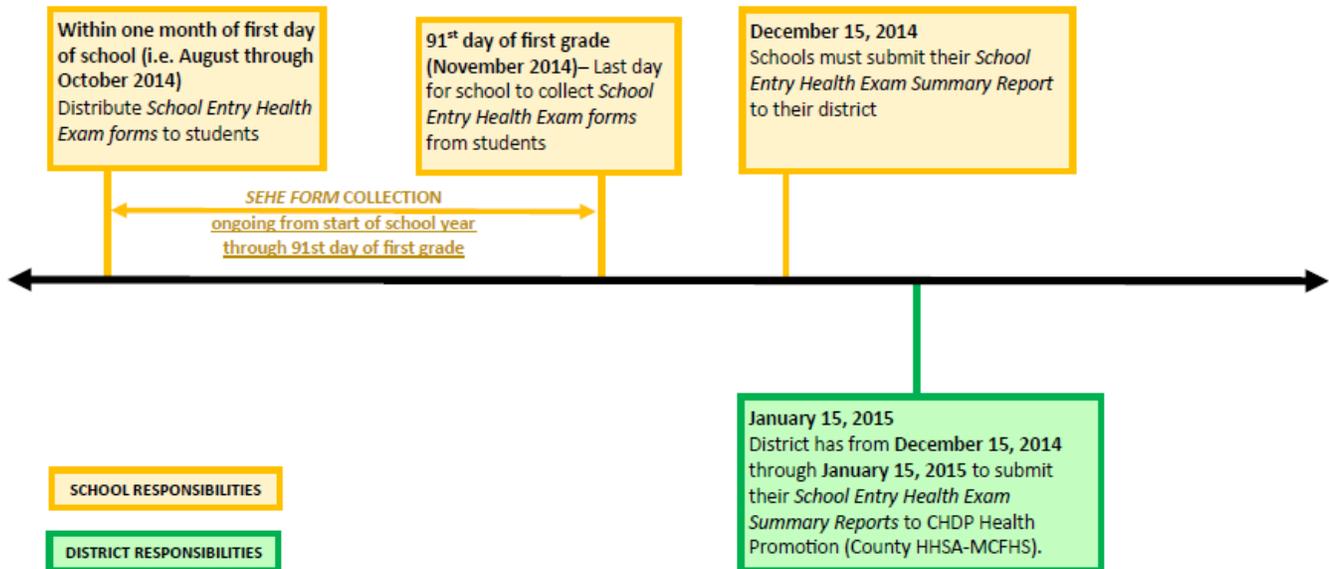
Data Collection for School Districts

School districts are expected to compile all data from each public and/or charter school in their district. Data should be reported for each school, not a sum of all students in the district. The Annual District Report should be submitted to the CHDP Program by **January 15th** (Appendix I).

There are two ways for a district to collect and submit each school's health examination data to the CHDP program: 1) submit individual school reports in one packet, or 2) fill out and submit the Annual District Report – CHDP Health Examination (Microsoft Excel file). To fill out the Excel form, type in the appropriate summary number for each school from the school reports submitted. District reports may be mailed, faxed, or emailed to the CHDP Program.

School Entry Health Exam Timeline for Schools and School Districts

Example: School Year 2014-2015



Other School Entry Health Requirements

Also important to a child's health and success in school are these additional school entry health requirements:

- **Oral Health Assessment:** California law states that a child must have a dental check-up by **May 31st** of his/her first year in public or charter school. Refer to *Appendix J, K, L and M* for helpful timelines and checklists for the health examination and oral health assessment. For additional information on this requirement, visit www.sharethecaredental.org for the Oral Health Assessment toolkit.
- **Immunizations:** Visit San Diego Immunization Program at www.sdiz.org for immunization requirements for school entry, related materials and resources, or for answers to frequently asked questions. You can also reach the department by phone at 1-866-358-2966.

For any questions regarding the School Entry Health Examination requirement please contact:

Elizabeth Ferris, MPH
Community Health Promotion Specialist II
County of San Diego Health & Human Services Agency | Maternal Child and Family Health Services
Child Health and Disability Prevention (CHDP) Program
Elizabeth.Ferris@sdcounty.ca.gov | (619) 692-8692

Appendices

Appendix A. California Health and Safety Codes

124025.

The Legislature finds and declares that many physical and mental disabilities can be prevented, or their impact on an individual lessened, when they are identified and treated before they become chronic and irreversible damage occurs. The Legislature finds and declares that a community-based program of early identification and referral for treatment of potential handicapping conditions will be effective in reducing the incidence of the conditions and will benefit the health and welfare of the citizens of this state.

It is the intent of the Legislature in enacting this article and Section 120475 to establish child health and disability prevention programs, that shall be financed and have standards established at the state level and that shall be operated at the local level, for the purpose of providing early and periodic assessments of the health status of children. It is further intended that child health and disability prevention programs shall make maximum use of existing health care resources and shall utilize, as the first source of screening, the child's usual source of health care so that health screening programs are fully integrated with existing health services, that health care professionals be appropriately represented and utilized in these programs, that outreach programs be developed to stimulate the use of preventive health services, and that services offered pursuant to this article be efficiently provided and be of the highest quality.

124085.

On and after July 1, 1976, each child eligible for services under this article shall, within 90 days after entrance into the first grade, provide a certificate approved by the department to the school where the child is to enroll documenting that within the prior 18 months the child has received the appropriate health screening and evaluation services specified in Section 124040.

A waiver signed by the child's parents or guardian indicating that they do not want or are unable to obtain the health screening and evaluation services for their children shall be accepted by the school in lieu of the certificate. If the waiver indicates that the parent or guardian was unable to obtain the services for the child, then the reasons why should be included in the waiver.

124105.

- (a) This section shall be known and may be cited as the "Hughes Children's Health Enforcement Act."
- (b) The Legislature recognizes the importance of health to learning and to a successful academic career. The Legislature also recognizes the important role of schools in ensuring the health of pupils through health education and the maintenance of minimal health standards among the pupil population. Therefore, it is the intent of the Legislature that schools ensure that pupils receive a health screening before the end of the first grade.
- (c) The governing board of each school district shall exclude from school, for not more than five days, any first grade pupil who has not provided either a certificate or a waiver, as

specified in Section 124085, on or before the 90th day after the pupil's entrance into the first grade. The exclusion shall commence with the 91st calendar day after the pupil's entrance into the first grade, unless school is not in session that day, then the exclusion shall commence on the next succeeding school day. A child shall not be excluded under this section if the pupil's parent or guardian provides to the district either a certificate or a waiver as specified in Section 124085.

- (d) The governing board of a school district may exempt any pupil from the exclusion described in subdivision (c) if, at least twice between the first day and the 90th day after the pupil's entrance into the first grade, the district has contacted the pupil's parent or guardian and the parent or guardian refuses to provide either a certificate or a waiver as specified in Section 124085. The number of exemptions from exclusion granted by a school district pursuant to this subdivision may not exceed 5 percent of a school district's first grade enrollment. It is the intent of the Legislature that exemptions from exclusion be used in extraordinary circumstances, including, but not limited to, family situations of great dysfunction or disruption, including substance abuse by parents or guardians, child abuse, or child neglect.
- (e) It is the intent of the Legislature that, upon a pupil's enrollment in kindergarten or first grade, the governing board of the school district notify the pupil's parent or guardian of the obligation to comply with Section 124085 and of the availability for low-income children of free health screening for up to 18 months prior to entry into first grade through the Child Health Disabilities Prevention Program.
- (f) It is the intent of the Legislature that school districts provide information to parents regarding the requirements of Section 124085 within the notification of immunization requirements. Moreover, the Legislature intends that the information sent to parents encourage parents to obtain health screenings simultaneously with immunizations.

Appendix B. CHDP Confidential Screening/Billing Report (PM 160)

DO NOT STAPLE
IN BAR AREA

CLAIM CONTROL NUMBER • FOR STATE USE ONLY



PLEASE PRINT	PATIENT NAME (LAST) (FIRST) (INITIAL)			MEDICAL RECORD NO.			LX Code	94	XXXXXXXXXX	J
	Mo.	BIRTHDATE Day Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE		CO. CODE	TELEPHONE NUMBER	Mo.	NEXT CHDP EXAM Day Year
	RESPONSIBLE PERSON (NAME)			(STREET)			(APT./SPACE #)	(CITY)	(ZIP)	

CHDP ASSESSMENT	NO PROBLEM SUSPECTED √ A	REFUSED, CONTRA-INDICATED, NOT NEEDED √ B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE			FOLLOW UP CODES
			NEW C	KNOWN D	Mo.	Day	Year	

01 HISTORY and PHYSICAL EXAM									
02 DENTAL ASSESSMENT/REFERRAL									
03 NUTRITIONAL ASSESSMENT									
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION									
05 DEVELOPMENTAL ASSESSMENT									
06 SNELLEN OR EQUIVALENT									06
07 AUDIOMETRIC									07
08 HEMOGLOBIN OR HEMATOCRIT									08
09 URINE DIPSTICK									09
10 COMPLETE URINALYSIS									10
12 TB MANTOUX									12

REFERRED TO:	TELEPHONE NUMBER
REFERRED TO:	TELEPHONE NUMBER

COMMENTS/PROBLEMS
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES	CODE	OTHER TESTS
------	-------------	---	------	-------------

HEIGHT IN INCHES	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
0	4			
HEMOGLOBIN	HEMATOCRIT		BIRTH WEIGHT LBS	OZS
		.0%		

ROUTINE REFERRAL(S) (✓)	PATIENT IS A FOSTER CHILD (✓)
<input type="checkbox"/> BLOOD LEAD	<input type="checkbox"/> DENTAL

IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES	GIVEN TODAY		NOT GIVEN TODAY	
	NOW UP TO DATE FOR AGE A	STILL NOT UP TO DATE FOR AGE B	ALREADY UP TO DATE FOR AGE C	REFUSED OR CONTRA-INDICATED D

DIAGNOSIS CODES	
1	2

THE QUESTIONS BELOW MUST BE ANSWERED

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes No
2. Tobacco Used by Patient Yes No
3. Counseled About/Referred For Tobacco Use Prevention/ Cessation. Yes No

PATIENT VISIT (✓)	TYPE OF SCREEN (✓)	TOTAL FEES
<input type="checkbox"/> New Patient or Extended Visit	<input type="checkbox"/> Initial	
<input type="checkbox"/> Routine Visit	<input type="checkbox"/> Periodic	

SERVICE LOCATION: Name, Address, Telephone Number (Please Include Area Code)	PROVIDER NUMBER	PLACE OF SERVICE
--	-----------------	------------------

<input type="checkbox"/> Enrolled in WIC	<input type="checkbox"/> Referred to WIC
NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit	
<input type="checkbox"/> PARTIAL SCREEN	<input type="checkbox"/> SCREENING PROCEDURE RECHECK

PATIENT ELIGIBILITY	COUNTY	AID	IDENTIFICATION NUMBER
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This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

- If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.
- Patient eligible for CHDP benefits only.

SIGNATURE OF PROVIDER _____ DATE _____

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Medi-Cal/CHDP
P.O. Box 15300
Sacramento, CA 95851-1300

CONFIDENTIAL SCREENING/BILLING REPORT

Appendix C. Report of Health Examination for School Entry (PM 171A)

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	/ /
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

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)*

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 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.

Appendix C. Report of Health Examination for School Entry (PM 171A) (Spanish)

State of California—Health and Human Services Agency	Department of Health Services Child Health and Disability Prevention (CHDP) Program																																																																																							
<h3>INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA</h3>																																																																																								
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 sera 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.		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.																																																																																						
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RESULTADOS Y RECOMENDACIONES Llène 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.		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.																																																																																						
<input type="checkbox"/> El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.		<input type="checkbox"/> Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.																																																																																						
<input type="checkbox"/> 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)		_____ Firma del padre/madre o guardián																																																																																						
		_____ Fecha																																																																																						
		Nombre, domicilio, y teléfono del examinador																																																																																						
		_____ Firma del examinador de salud																																																																																						
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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.dhcs.ca.gov/services/chdp																																																																																								
PM 171 A (3/03) (Bilingual)																																																																																								

Appendix D. Waiver of Health Examination for School Entry (PM 171B)

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

Appendix D. Waiver of Health Examination for School Entry (PM 171B) (Spanish)

RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre		FECHA DE NACIMIENTO—Mes/Día/Año	
DIRECCIÓN—Número/Calle			Ciudad	Zona Postal	ESCUELA	Maestro(a)	

PADRE/MADRE O GUARDIÁN:

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario. **FIRMELO Y DEVUELVALO A LA ESCUELA** donde será guardado en forma confidencial.

AVISO: EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/LA NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO HECHOS POR LA ESCUELA.

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.

Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085): _____

Firma del padre/madre o guardián

Fecha

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.
CHDP website: www.dhcs.ca.gov/services/chdp

Appendix E. School Entry Health Checkup Form

School Entry Health Checkup Requirement

Early and regular health checkups can find, prevent, and treat many health problems before they become serious. That is why California has a law that says all children **must** have a health checkup within **18 months before first grade or up to 90 days after starting first grade**. Your child must also have certain immunizations, or shots, for school. Your doctor will be able to check your child's immunization record and see what shots are needed during the health checkup. Your doctor will complete this form and you need to return it to your child's school.

If you are not able to pay for this checkup, please call Maternal Child and Family Health services to find out if your child is eligible for a health checkup at no cost and for ongoing medical and dental insurance.

1-800-675-2229



PART I – TO BE FILLED OUT BY THE PARENT/GUARDIAN				
CHILD'S NAME: Last		First		Middle Initial
Birth Date (MM/DD/YYYY)			School	
ADDRESS – Number, Street			City	Zip
<input type="checkbox"/> I want the medical provider to complete Part II only.				
PART II – TO BE FILLED OUT BY THE MEDICAL PROVIDER				
Tests and Evaluations			Date of Exam	MEDICAL PROVIDER INFORMATION
Height _____ inches	Weight _____ lbs _____ ozs	BMI Percentile _____ %		
Health/Development History				Name, Address, and Telephone Number: Signature of Medical Professional / Date
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Dental Screening				
Tuberculin (TB) Risk Assessment /Skin Test				
DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PART III – TO BE FILLED OUT BY THE MEDICAL PROVIDER				
<p>Other health information (optional): For 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 child needs help with medication at school.</i></p> <p><input type="checkbox"/> Parent requests Part III not to be filled out</p> <p><input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity.</p> <p><input type="checkbox"/> Conditions that need further evaluation or that can affect school or physical activity are (please explain below)</p>				
WAIVER OF MEDICAL EXAMINATION				
<p>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.</p> <p><input type="checkbox"/> I do not want my child to receive a medical examination</p> <p><input type="checkbox"/> I do want my child to receive a medical examination, but I am unable to get it because _____</p>				
_____ Signature of Parent or Guardian			_____ Date	

County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110
For more information, please call (619) 692-8808



Appendix E. School Entry Health Checkup Form (Spanish)

Requisitos para Exámenes de Salud para Ingresar a la Escuela

Al recibir **exámenes de salud** regularmente se pueden prevenir, detectar, y tratar muchos problemas de salud antes de que sean serios. Por esta razón California tiene una ley que requiere que todos los niños deben recibir un examen de salud **18 meses antes de ingresar al primer año o hasta 90 días después de haber iniciado el primer año**. Su niño debe tener ciertas vacunas para ingresar a la escuela. Su médico podrá revisar la tarjeta amarilla de vacunación y ver que vacunas necesita durante el examen de salud. Su médico llenará esta forma y usted deberá entregarla a la escuela de su niño. **Si su niño recibió el examen de salud al ingresar al jardín de niños (kindergarten) y la escuela todavía no tiene el reporte del examen, usted necesita pedirselo a su médico o clínica y llevarlo a la escuela.**

Si a Ud. no le es posible pagar el examen, por favor llame al Programa de Salud para la Prevención de Discapacidades en Niños y Jóvenes (CHDP) para saber si su niño califica para un examen físico gratuito y también para un seguro de cuidado continuo médico y dental al:

1-800-675-2229

LA PARTE I DEBERA SER LLENADA POR EL PADRE O GUARDIAN (PARENT OR GUARDIAN)				
NOMBRE DEL NIÑO-Apellido		Nombre		Segundo Nombre
Fecha de Nacimiento (DD/MM/YYYY)		Escuela		
DOMICILIO-Número, Calle		Ciudad		Zona Postal
<input type="checkbox"/> Yo solicito que el proveedor medico complete la Parte II solamente.				
LA PARTE II EL PROVEEDOR MEDICO DEBERA LLENAR (MEDICAL PROVIDER)				
Tests and Evaluations (Pruebas y evaluaciones)			Date of Exam (Fecha de Examen)	MEDICAL PROVIDER INFORMATION (Información de Proveedor Médico)
Height (Estatura) _____ inches	Weight (Peso) _____ lbs _____ ozs	BMI Percentile (El porcentaje de Índice de Masa Corporal) _____ %		
Health/Development History (Historial Médico/Desarrollo)				Name, Address, and Telephone Number:
Physical Examination (Examen Físico)				
Nutritional Evaluation (Evaluación de Nutrición)				
Vision Screening (Examen de la Vista)				
Audiometric Screening (Examen Audiométrico)				
Blood Test for Anemia (Análisis de Sangre para Anemia)				
Dental Screening (Evaluación Dental)				
Tuberculin (TB) Risk Assessment /Skin Test (Prueba de Tuberculina)				Signature of Medical Professional / Date
DOES CHILD HAVE A COMPLETED AND UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD? <input type="checkbox"/> Yes <input type="checkbox"/> No (¿ TIENE EL NIÑO(A) UNA TARJETA COMPLETA ACTUALIZADA DE VACUNACIÓN DE CALIFORNIA?)				
LA PARTE III EL PROVEEDOR MEDICO DEBERA LLENAR (MEDICAL PROVIDER)				
Other health information (optional): For child's welfare and with the permission of the parent or guardian, it is recommended that significant health information be shared with the school. Please contact the school nurse if child needs help with medication at school.				
<input type="checkbox"/> Parent requests Part III not to be filled out <input type="checkbox"/> The examination revealed no conditions of importance to school or physical activity <input type="checkbox"/> Conditions that need further evaluation or that can affect school or physical activity are (please explain below)				
FORMA PARA REHUSAR EL EXAMEN DE SALUD (WAIVER OF EXAMINATION)				
Nota: Su niño(a) debe recibir las vacunas requeridas por la ley Estatal, aunque no reciba el examen médico.				
He sido informado acerca del examen médico recomendado por los profesionales de salud y que es requerido por la ley Estatal. También he sido informado en dónde y cómo mi niño(a) puede recibir un examen médico sin costo alguno, si tal asistencia fuera necesaria.				
<input type="checkbox"/> No deseo que mi niño(a) reciba un examen médico <input type="checkbox"/> Si deseo que mi niño(a) reciba el examen médico, pero me ha sido imposible obtenerlo porque _____				
Firma del Padre, Madre, o Guardián			Fecha	

County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110
For more information, please call (619) 692-8808



Child Health and Disability Prevention Program
MCFHS - 77ES 10/2015

Appendix F. CHDP and School Entry Health Check-Up Requirements

School Entry Health Check-Ups (Kindergarten/First Grade)

You want your child to be **healthy** to get the most out of school. **Early and regular health check-ups** can find, prevent, and treat health problems before they become serious. That is why California has a law that says **all children must have a health check-up** before they enter first grade.

The health check-up must be completed a **year and a half (18 months) prior to or 90 days after** your child begins first grade to meet the school entry requirement.

A health check-up includes:

- ✓ A health history and physical exam
- ✓ Dental screening
- ✓ Vision and hearing tests
- ✓ Nutritional assessment
- ✓ Development assessment
- ✓ Immunizations, as necessary
- ✓ Urine, blood, and tuberculosis (TB) risk assessment
- ✓ Other tests, as necessary

Before first grade begins:

If your child had a health check-up at kindergarten and a report is not already in school, you need to get a report from your child's doctor/clinic and take it to the school where your child will be going.

If you are not able to pay for this check-up, please call Maternal Child and Family Health Services to find out if your child is eligible for a no-cost health check-up through the Child Health and Disability Prevention* (CHDP) program and for on-going complete medical and dental care at a price you can afford.

Please call today (English and Spanish spoken)

1-619-692-8808

*CHDP is a state program that pays for health check-ups and immunizations for children from families with low-incomes and children on Medi-Cal.

Bring to your doctor or clinic:

1. The School Entry Health Checkup Requirement form for School Entry (Green) form. Please complete the top part of the form and fill in all of information requested from the parent/guardian.
2. Your child's California Immunization Record (Yellow form). If you do not have this card, ask for one where your child had his/her last immunization.
3. Benefits Identification Card (BIC) if your child has Medi-Cal.

After the health check-up:

1. Give the School Entry Health Checkup Requirement form for School Entry to the school.
2. Show the Immunization Card to the school then take the card home and keep it in a safe place. You will need proof of immunizations other times in your child's life.



Note: If health check-ups or immunizations are against your personal beliefs, you **must** sign a form at the school's office. If your child cannot receive immunizations because of a medical problem, bring a doctor's note to the school.

If there is a disease outbreak at the school and your child is not immunized against the disease, your child cannot attend school until the outbreak is over.

County of San Diego Health and Human Services Agency,
Maternal Child and Family Health Services
3851 Rosecrans St., Ste. 522, MS: P511-H, San Diego, CA 92110



Appendix G. School Entry Health Examination Tracker by Student (Excel File)

Below you will find instructions on how to successfully complete the School Entry Health Examination Tracker by Student (Excel File). The Excel Tracker contains one completely editable field (Student ID), and three locked fields (*Documentation Provided?*, *Waiver Reason*, and *Select if **NO** Health Exam Documentation **OR** Waiver*). The locked fields require the user to select an option from the drop down menu, or to type the selection exactly as written.*

Identify student using their school ID number

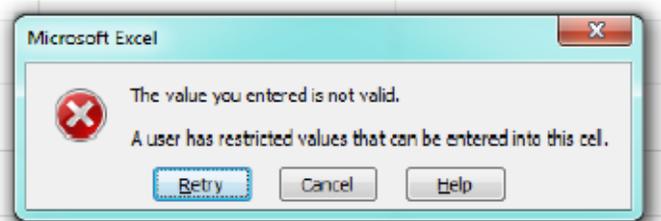
Indicate which form of documentation, if any, the student provided.

If the student provided a **Waiver Form**, indicate the reason provided on the form. Only mark N/A if a student did **NOT** submit a waiver.

Only mark this box with an x if the student failed to submit proof of a Health Exam **OR** a Waiver (i.e. they were non-compliant). Leave blank if they submitted any sort of documentation.

School Entry Health Examination Tracker by Student			
Student ID	Documentation Provided?	Waiver Reason	Select if NO Health Exam Documentation OR Waiver
3818	Health Exam	N/A	
4454	Waiver	Unable to obtain	
4525	None Provided	N/A	x
4146	Waiver	No reason provided	

*If a user chooses to manually type the selection, but fails to do so exactly as written, an error dialogue box (like the one pictured to the right), will appear. This can be resolved by clicking retry and using the dropdown or typing the selection exactly as written.



Appendix I. Annual School Report – CHDP Health Examination

School Name: _____ School District: _____
 School Address: _____
 School Year: _____ Name of Person Completing Report: _____
 Phone Number: _____ Email Address: _____

Instructions: This form is to be completed by the school nurse. Please count the total number of first grade students from your school and fill in the appropriate field. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619) 692-8692.

1. Total number of students enrolled in first grade _____
2. Total number of students who submitted documentation of completed health exam _____
3. Students who submitted a health examination waiver
 - a. Total number checked 'Parent does not want the exam' in waiver section _____
 - b. Total number checked 'Parent unable to obtain exam' in waiver section _____
 - c. Total number submitted waiver but did not provide reason _____
4. Total number of students who did not submit documentation of completed health *or* waiver of health exam _____

I certify that the numbers reported above are true numbers and that the parents or guardians of these children were informed of the availability of no or low cost health exams.

Print Name _____ Signature _____ Date ____/____/____

Please keep a copy of this form for your records. Submit this form to your district office by December 15th of the current school year. Thank you.

Revised 07/2016

Appendix J. Oral Health Assessment and Health Examination Comparison Table

The following is a table that shows the brief differences and components of the Oral Health Assessment requirement and the School Entry Health Examination requirement.

	School Entry Health Examination	Oral Health Assessment
What	Comprehensive physical examination completed by a physician or nurse practitioner. An examination from Mexico is acceptable.	Dental health assessment (screening) by California licensed dental health professional.
Who	First grade students enrolled in public or private school.	Students entering public school for the first time in kindergarten or first grade.
Due	By the 91 st day of first grade (date varies)	By May 31 of first year in public school (in kindergarten or first grade)
Acceptable Dates	18 months prior to entry into first grade through 90 th day of first grade. (March before kindergarten through 90 th day of first grade, approximately early December.)	12 months prior to entry into public school for first time in kindergarten or first grade through May 31 of first year. (September before first year through May 31 of first year)
Waiver Available?	Yes	Yes
Exclusion from School Attendance if Requirement Not Completed?	Yes – for five days beginning 91 st calendar day following start of first grade.	No
Report	Yes – First Grade report due by January 15 th to County of San Diego CHDP	Yes – Report due by end of school year (June) to school district.
Form	School Entry Health Checkup Requirement form for School Entry (“Green” form from Child Health & Disability Prevention Program)	Oral Health Assessment Form (“Pink” form).

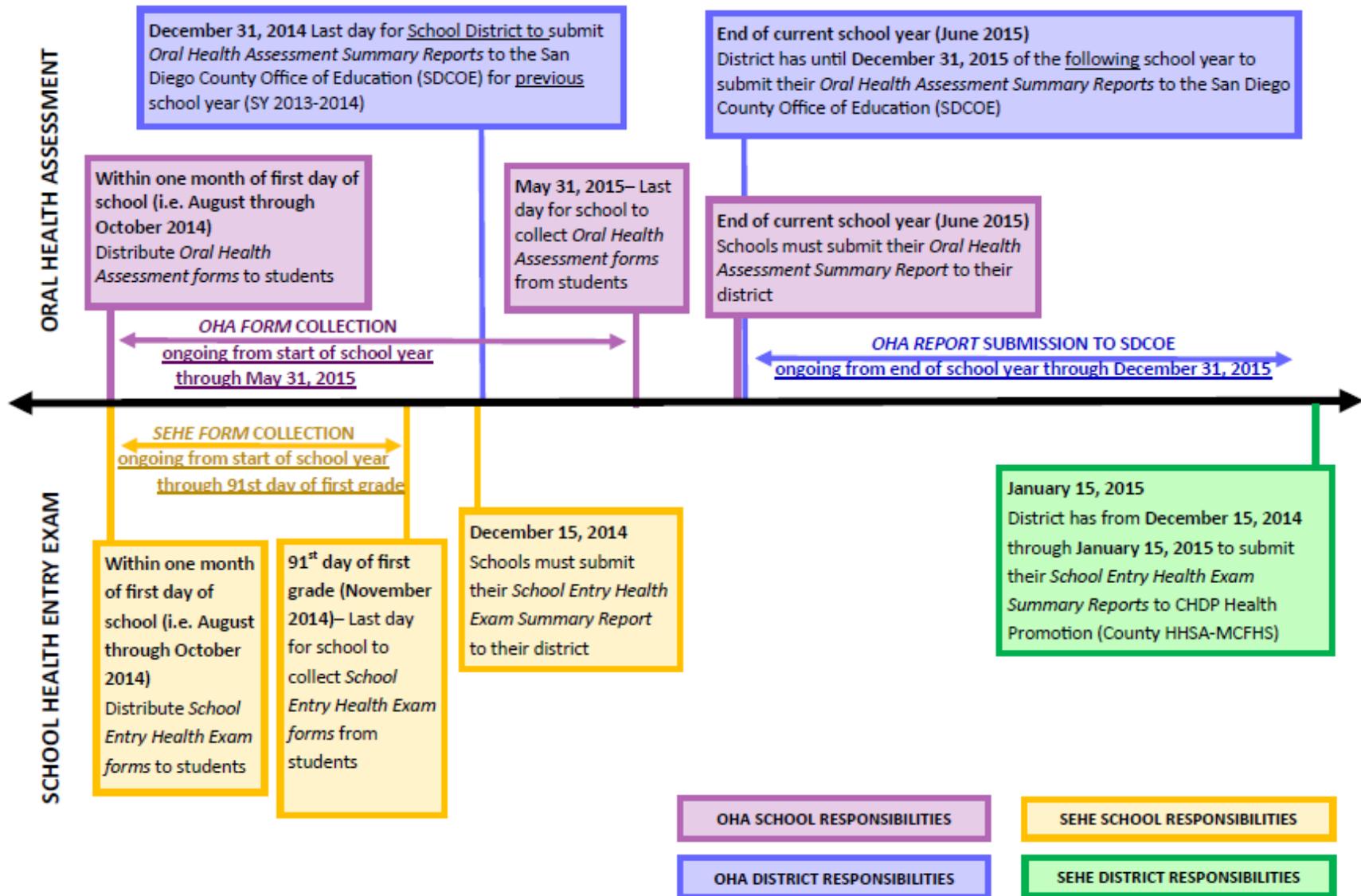
Appendix K. Oral Health Assessment and Health Examination Checklist

The Oral Health Assessment and School Entry Health Examination are two different requirements but can work together. The following timeline can the process of when to distribute forms and collect data.

February	<input type="checkbox"/> Begin distribution of Oral Health Assessment forms in kindergarten registration packets <input type="checkbox"/> Begin distribution of School Entry Health Examination forms in kindergarten and first grade registration packs
August - May	<input type="checkbox"/> Collect submitted Oral Health Assessment forms
August – November	<input type="checkbox"/> Collected submitted School Entry Health Examination forms <input type="checkbox"/> All School Entry Health Examination forms must be submitted to the school by the 91 st day of first grade
May 31	<input type="checkbox"/> All Oral Health Assessment forms must be submitted to the school
June	<input type="checkbox"/> Compile Oral Health Assessment data and submit to district office
December	<input type="checkbox"/> Compile School Entry Health Examination data and submit to district office <input type="checkbox"/> District Office must submit Oral Health Assessment District Report from <i>previous</i> school year to the San Diego County Office of Education
January 15	<input type="checkbox"/> District Office or Private School must submit School Entry Health Examination Annual Report to the Child Health and Disability Prevention Program

Appendix L. School Entry Health Exam and Oral Health Assessment Timeline for Schools and School Districts

Example: School Year 2014-2015



Appendix M. School Entry Health Exam Timeline for Schools and School Districts

Example: School Year 2014-2015

