Annual District Report – CHDP Health Examination

School District _____ **# of Schools with First Grade Enrollment** _____

School Address: _____

School Year: _____ **Name of Person Completing Report:** _____

Phone Number: _____ **Email Address:** _____

Instructions: This form is to be completed by school district staff. Please compile all health examination reports received from individual schools and fill in each filed as appropriate. Data must be reported by individual school, not as a sum of all schools in the entire district. If you have any questions, please call the Child Health and Disability Prevention (CHDP) Health Promotion Program at (619) 542-4178.

Name of School	Total # of Children Enrolled in 1st Grade	# of Children with Report of Medical Exam for School Entry or Other Documentation	# of Children with Waiver of Medical Examination			# of Children with no Report or Waiver
			Parent does not want	Parent unable to obtain	No reason specified	

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 the CHDP Program by January 15th. Thank you.

Revised 04/2013