

## 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 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) 542-4178.*

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 15<sup>th</sup> of the current school year. School districts should submit the Annual District Report to the CHDP program by January 15<sup>th</sup>. Thank you.***