



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—Last	First	Middle Initial	School
ADDRESS—Number, Street	City	ZIP Code	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
Child's Height inches	Child's Weight lbs ozs	Child's BMI Percentile %		Name, Address, and Telephone Number: /
Health/Development History				
Physical Examination				
Nutritional Evaluation				
Vision Screening				
Audiometric Screening				
Blood Test for Anemia				
Urine Dipstick				
Dental Screening				
Tuberculin (TB) Skin Test (Recommended for ALL children entering first grade)				
				Signature of Medical Professional Date

CHILD HAS A COMPLETED OR UPDATED YELLOW CALIFORNIA IMMUNIZATION RECORD YES NO

PART III TO BE FILLED OUT BY THE MEDICAL PROVIDER

Other Health Information (Optional): 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. *Please contact the school nurse if the child needs help with medication at school.*

- 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 (*please explain*):

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** _____

 Signature of Parent or Guardian

 Date