

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 BIRTHDATE: Month/Day/Year

ADDRESS: Number/Street City, State Zip Code School

Our Lady Queen of Angels School
2046 Mar Vista Drive
Newport Beach, CA 92660

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
Health History	
Physical Examination	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (MANTOUX)	SEE BELOW
Blood Test (for anemia)	
Urine Test	
Blood Lead Test	
Other	

MANTOUX TB SKIN TEST: (Required by the Diocese of Orange)

Date Given: _____ Date Read: _____ Read By: _____
Induration: _____ mm _____ neg. _____ pos.

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, & (acellular) pertussis) OR (tetanus & diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenza B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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 and office stamp of health examiner _____ Date _____