



County of San Diego

School Entry Health Checkups (Kindergarten/First Grade)

You want your child to be **healthy** to get the most out of school.

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 before they enter first grade.

The health checkups 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 checkup includes:

- ✓ A health history and physical examination
- ✓ Urine, blood and tuberculosis (TB) tests when necessary
- ✓ Dental screening
- ✓ Nutritional assessment
- ✓ Vision and hearing tests
- ✓ Immunizations, if necessary
- ✓ Developmental assessment
- ✓ Other tests, if needed

Before first grade begins:

If your child had a health checkup at kindergarten entry and a report is not already at the school, you need to get a report from your child's doctor or clinic and take it to the school where your child will begin first grade.

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 **no-cost** health checkup through the CHDP* (Child Health and Disability Prevention) Program **and** for on-going complete medical, dental and vision care at a price you can afford.

PLEASE CALL TODAY

1-800-675-2229

English and Spanish spoken

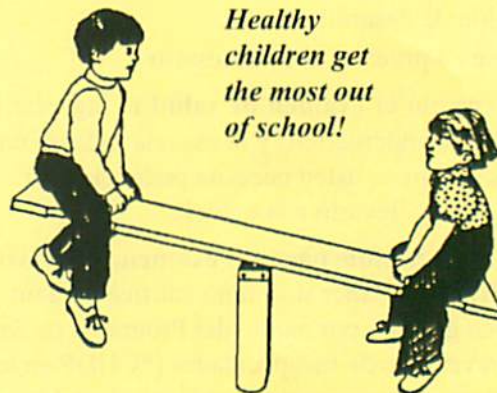
**CHDP is a state program that pays for health checkups and immunizations for children from families with low-incomes and children on Medi-Cal.*

To bring to your doctor or clinic:

1. **The Report of Medical Examination for School Entry (Green Form - attached).** Please complete the top part of the form filling in all of the information requested from parent or guardian.
2. **Your child's yellow Immunization Card** (called the **California Immunization Record**). If you do not have this card, ask for one where your child had the last immunizations.
3. **A Benefits Identification Card (BIC).** Bring this if your child has Medi-Cal.

After the health checkup:

1. **Give the Report of Medical Examination 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 many other times in your child's life.



Note . . .

If health checkups or immunizations are against your personal beliefs, you **must** sign a form at the school 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

3851 Rosecrans Street, Suite 522, MS: P511-H, San Diego, CA 92110

(Español al dorso)



Condado de San Diego

Exámenes de Salud para Ingresar a la Escuela (para el jardín de niños o el primer año)

Usted quiere que su niño esté **saludable** para que aprenda mejor en la escuela.

Al recibir **exámenes de salud** regularmente se pueden prevenir, detectar y tratar muchos problemas de salud.

Por esa razón California tiene una ley que requiere que todos los niños **deben** recibir un examen de salud antes de ingresar al primer año en la escuela.

El examen de salud puede hacerse **entre un, año y medio (o sea 18 meses)** antes de empezar, ó 90 días después de empezar la escuela.

Un examen de salud incluye:

- ✓ Una historia clínica y examen físico
- ✓ Prueba de orina, de sangre y de tuberculosis cuando sea necesario
- ✓ Examen dental
- ✓ Evaluación nutricional
- ✓ Examen de la vista y los oídos
- ✓ Vacunas, si son necesarias
- ✓ Evaluación de desarrollo
- ✓ Otra clase de pruebas, si es necesario

Si su niño recibió el examen de salud al ingresar en el 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 CHDP para saber si su niño califica para un examen físico gratuito por medio del Programa de Salud Infantil y Prevención de Incapacidades (*CHDP en inglés) **y también** para cuidado continuo médico, dental y cuidado de la vista a un precio accesible.

LLAME AHORA

1-800-675-2229

se habla inglés y español

**CHDP es un programa estatal el cual paga por los exámenes y vacunas sin costo alguno a niños de familias de bajos recursos económicos y también a niños que reciben Medi-Cal.*

Para el examen de salud, raiga con unsted los siguientes documentos:

1. El *Reporte del Examen de Médico para Ingresar a la Escuela (la Forma Verde - que está adjunta)*. Por favor llene toda la información que se le pide al padre o tutor en la parte de arriba.
2. La *Tarjeta Amarilla de Vacunación del Niño* (llamada *Registro de Inmunización de California*). Si usted no tiene esta tarjeta, obténgala en el lugar donde recibió las vacunas.
3. La *tarjeta de Identificación de Beneficios*. Llévela si el niño tiene Medi-Cal.

Después del examen:

1. *Entregue el Reporte del Examen de Médico para Ingresar a la Escuela* a la escuela.
2. *Muestre la Tarjeta de Vacunación a la escuela*. Y después guárdela en un lugar seguro en su casa porque más adelante su niño necesitará comprobar que sí recibió las vacunas.



Nótese . . .

Si los exámenes de salud o las vacunas están en contra de sus creencias personales, usted **debe** firmar una forma en la oficina de la escuela.

Si el niño no puede ser vacunado por algún problema médico, entregue una nota firmada por el médico a la escuela.

Si su niño no tuvo la vacuna necesaria y hay una epidemia de la enfermedad de cual no está vacunado, su niño no podrá asistir a clases hasta que la epidemia termine.



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: Signature of Medical Professional Date
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)				

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

