

# 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 \_\_\_\_\_ ZIP Code \_\_\_\_\_ SCHOOL \_\_\_\_\_

## PART II TO BE FILLED OUT BY HEALTH EXAMINER

### IMMUNIZATION RECORD

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

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).

REQUIRED TESTS/EVALUATIONS	DATE	VACCINE	DATE EACH DOSE WAS GIVEN				
			First	Second	Third	Fourth	Fifth
Health History		POLIO (OPV or IPV)					
Physical Examination		DTaP/DT/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
Dental Assessment		MMR (measles, mumps, and rubella)					
Nutritional Assessment		HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
Developmental Assessment		HEPATITIS B					
Vision Screening		VARICELLA (Chickenpox)					
Audiometric (hearing) Screening		OTHER					
Tuberculin Test (Mantoux/PPD)		OTHER					
Blood Test (for anemia)							
Urine Test							
Blood Lead Test							
Other							

## 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 of health examiner \_\_\_\_\_ Date \_\_\_\_\_

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



Peninsula Montessori School

### HEALTH HISTORY AND BACKGROUND REPORT

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
List all persons living with child (parents, siblings, etc.) \_\_\_\_\_

Is/Has child been under regular supervision of physician? \_\_\_\_\_  
Date of last examination \_\_\_\_\_

#### Developmental History

Any prenatal or delivery problems? \_\_\_\_\_  
At what age did child begin walking? \_\_\_\_\_ Talking? \_\_\_\_\_ Toilet training? \_\_\_\_\_

#### Past illnesses-Check illnesses that child has had and specify dates of illnesses

Chicken Pox	Diabetes	Poliomyelitis
Asthma	Epilepsy	10 day Measles
Rheumatic	Whooping cough	3 day Measles
Hay fever	Mumps	

Specify any other serious or severe illnesses or accidents? \_\_\_\_\_  
Does child have frequent colds? \_\_\_\_\_ If yes, how many in the last year? \_\_\_\_\_  
List any allergies the school should be aware of: \_\_\_\_\_

#### Daily Routines

Is child toilet trained? \_\_\_\_\_ Are bowel movements regular? \_\_\_\_\_ What is usual time? \_\_\_\_\_  
Word used for "bowel movement" \_\_\_\_\_ Word used for urination? \_\_\_\_\_  
What time does child go to bed? \_\_\_\_\_ What time does child get up? \_\_\_\_\_  
Does child sleep well? \_\_\_\_\_ Does child sleep during the day? \_\_\_\_\_ How long? \_\_\_\_\_  
What does child usually eat for these meals? Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_

What are usual eating hours? \_\_\_\_\_  
Any food dislikes or eating problems? \_\_\_\_\_  
Is child presently under a doctor's care? \_\_\_\_\_ If yes, name of doctor \_\_\_\_\_  
Does child take prescribed medications? \_\_\_\_\_ If yes, what kind and what for? \_\_\_\_\_  
Has child had any previous Individual Education Plans (IEP's), counseling or therapy? \_\_\_\_\_  
If yes, what was the reason? \_\_\_\_\_  
Parent's evaluation of child's health \_\_\_\_\_

How does child get along with parents, siblings and other children? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_  
Does the child have any special problems, fears, needs? \_\_\_\_\_

How does the child take direction from parents? \_\_\_\_\_  
What group play experience has the child had? \_\_\_\_\_  
What is the plan for care when the child is ill? \_\_\_\_\_  
Reason for enrolling in Peninsula Montessori School? \_\_\_\_\_

Other schools attended \_\_\_\_\_  
Reason for leaving other school(s) \_\_\_\_\_

Amount of waking hours parents spend with child per week: Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Peninsula Montessori School  
Photography  
Permission / Opt Out

Classroom activities and school events are sometimes photographed for purposes of news media coverage for our school such as, newsletters, website and brochures.

Please complete and return this form no later than Friday, September 13, 2013.

Student's (full) name \_\_\_\_\_

Room # \_\_\_\_\_

\_\_\_\_\_ Yes, I give Peninsula Montessori School permission for my child to be photographed for school news media and publicity purposes.

\_\_\_\_\_ No, I do not wish to have my child photographed for school news media or publicity purposes.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_