



Faith Baptist Schools
7644 Farralone Avenue
Canoga Park, CA 91304

2023-2024

Health Examination Requirement 1st Grade

The First Grade Health Examination form for students going into first grade is due July 1st.

The Child Health and Disability Prevention (CHDP) Program was created based upon a law passed by the California state legislature to promote the health of children and youth in California. **The law states that parents are responsible to see that their children receive a health examination, regardless of income, within 18 months prior to first-grade entry. Furthermore, the parent must present proof to the school that the child received a health examination within this period.**

One out of every ten children entering first grade has a health problem unknown to the parent. When your child is examined, you will be given an explanation of the results and, if treatment is recommended, help in referral.

The REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY, PM 171A, is on the reverse side of this letter and is to be given to and completed by your doctor. You must bring the signed form to the Admissions Office after your child is examined.

The state will pay for your child's physical examination if your child is Medi-Cal eligible, or if your family income is below 20% of the state AFDC level. Your CHDP physician has an income table to determine your family's eligibility. For Medi-Cal recipients, submitting your current P.O.E. label is proof of eligibility.

If you need assistance in locating an approved CHDP physician in your area, please call the Child Health and Disability Prevention Program, 7515 Van Nuys Blvd., South Tower – Rm. 512, Van Nuys, CA 91405, (818) 901-3131.

Thank you for supporting our efforts to keep our children healthy and happy.

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	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	SCHOOL
	ZIP code	

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 (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

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/d (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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.

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)*

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.