

## San Francisco Unified School District - School Health Form

**Completed by Parent or Caregiver:**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female School: \_\_\_\_\_  
 Last, First month/day/year  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Street Zip Home Cell Work

**Release of Health Information: I give permission to share the results of this examination with the School** \_\_\_\_\_  
 Signature of Parent/Caregiver Date

NOTE: Kindergarten entrance physical examination to be done **no earlier than March** of the year the child enters Kindergarten

**Completed by health provider:**

**IMMUNIZATION RECORD (EACH child should have a completed or updated official/ yellow Immunization Record)**

Vaccine	Dose Given: Month / Day / Year					Tuberculin Skin Test (Mantoux/PPD) Date: _____
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	
Polio (IPV)						Induration: ____mm Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
DTaP (Diphtheria, Tetanus, Pertussis)						Chest X-Ray/RX: Required with <b>Positive TB</b> Skin Test
Td/ Tdap (Tetanus, Diphtheria, Pertussis)						CXR Date: _____ Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Hib (Haemophilus influenza type B)						RX treatment & duration: _____
MMR (Measles, Mumps, Rubella)			Not to be given before the 1 <sup>st</sup> birthday			<input type="checkbox"/> Child has no risk factors for TB and does not require TB test *See back for risk factors _____
Hepatitis B						Health Provider Signature _____
Varicella (Chickenpox)						Had Varicella disease - Approximate date _____

**HEALTH EXAMINATION – Date of Exam \_\_\_\_\_**

	Results:	Summary of Findings/Conditions:	Follow-up/Referral Needed :
<b>Health/Developmental History</b>			
<b>Physical Examination</b>	Ht: _____ BP: _____ Wt: _____ BMI: _____%		
<b>Dental Assessment</b>			
<b>Developmental Evaluation</b>			
<b>Vision Screening</b>	R: 20/____ L: 20/____ Both:20/____		
<b>Audiometric (hearing) Screening</b>	500    1000    2000    4000		
	Right: _____		
	Left: _____		
<b>Nutritional Assessment</b>			
<b>Lab Tests</b>	Urine _____ Lead _____ Blood test for anemia _____		
<b>Other</b>			

(If you do not want your child to have an exam, you may sign the waiver form, PM 171B, obtained from your child's school) See other side for more details

- Examination revealed no condition relevant to the school program, e.g. allergies, asthma, cardiac condition, diabetes, epilepsy, etc.
- Medical condition identified – Emergency care plan completed – available on the Student Support Services Department (SSSD) website [www.healthiersf.org/forms/index.cfm#15](http://www.healthiersf.org/forms/index.cfm#15)
- Medication taken at school – Name of medication: \_\_\_\_\_ Medication taken at home – Name of medication: \_\_\_\_\_  
(If medication is taken at school, complete a medication form for each medication – available on the SSSD website [www.healthiersf.org/forms/index.cfm#15](http://www.healthiersf.org/forms/index.cfm#15) )
- Restriction from physical activity – please specify \_\_\_\_\_

Name of Health Provider: _____	Child under my care since _____.
Address: _____	
Phone: _____	Signature of Health Provider: _____ Date: _____

## GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

# Grades K-12

**REFERENCE:** Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

**IMMUNIZATION REQUIREMENTS:** To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations as outlined below.

VACCINE	REQUIRED DOSES
<b>Polio</b>	<b>4 doses at any age, but...</b> 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday.
<b>Diphtheria, Tetanus, and Pertussis</b> <i>Age 6 years and under</i> DTaP (diphtheria, tetanus, pertussis) <i>Age 7 years and older</i> Td/Tdap *7th-12 <sup>th</sup> grade requirement for 2011/12 Tdap booster	<b>5 doses at any age, but...</b> 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. <b>4 doses at any age, but...</b> 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. If the last dose was given before the 2nd birthday, one more dose is required. <b>1 dose of Tdap given on or after 7<sup>th</sup> birthday.</b> *Adolescents with a Td booster vaccine will <u>not</u> meet the requirement
<b>Measles, Mumps, Rubella (MMR)</b> <i>Kindergarten</i> <i>7th grade</i> <i>Grades 1–6 and 8–12</i>	<b>2 doses</b> both on or after 1st birthday. <b>2 doses</b> both on or after 1st birthday. <b>1 dose</b> must be on or after 1st birthday.
<b>Hepatitis B</b> <i>Kindergarten</i> <i>7th grade</i>	<b>3 doses at any age</b> <b>3 doses at any age or 2 doses of 2 dose formulation</b>
<b>Varicella</b> <i>Kindergarten</i> <i>Out-of-state entrants (grades 1–12)</i>	<b>1 dose</b> <b>1 dose</b> for children under 13 years; 2 doses are needed if immunized on or after 13th birthday.

**EXEMPTIONS:** The law allows (a) parents/guardians to choose an exemption from immunization requirements based on their personal beliefs, and (b) physicians of children to elect medical exemptions. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). See the back of the blue California School Immunization Record (PM 286) for instructions and the affidavit to be signed by parents/guardians electing the personal beliefs exemption. For children with medical exemptions, the physician's written statement should be stapled to the CSIR. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

**TB Skin Test (with result)**.....Given in the United States within 1 year before first admission to school in San Francisco

**OR**

Signature of examiner attesting to no risk factors for TB

### Risk Factors for TB in Children

- Have a family member or contacts with history of confirmed or suspected TB
- Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America)
- Adopted from any high-risk area
- Travel to countries with high rate of TB
- Live in out-of-home placements
- Have, or are suspected to have, HIV infection♦
- Live with an adult with HIV seropositivity
- Live with an adult who has been incarcerated in the last five years
- Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents of nursing homes
- Have contact with individuals(s) with positive TB skin test(s)
- Have abnormalities on chest X-ray suggestive of TB
- Have clinical evidence of TB

♦ Screening should be performed by CXR in addition to skin test and symptom review in HIV infected or suspected HIV, other immunocompromised conditions or if child is taking immunosuppressive agents such as chronic prednisone or TNF blockers

### THE KINDERGARTEN/FIRST GRADE HEALTH EXAMINATION

A completed physical is required for children entering school. The physical examination for kindergarten must be done after March 1<sup>st</sup> of the same year that they enter school. First graders, the examination must be done not more than 18 months prior to entry. Lack of evidence of a physical examination will result in denial of enrollment.