

## San Francisco Unified School District School Health Form

**Completed by Parent or Caregiver:**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female School/Grade: \_\_\_\_\_  
 Last, First month/day/year  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 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 Immunization Record)**

Vaccine	Dose Given: Month / Day / Year					Tuberculin Skin Test (Mantoux/QuantiFERON®) Date: _____
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>t</sup>	5 <sup>th</sup>	
<b>Polio (IPV)</b>						Induration: _____ mm Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
<b>DTaP (Diphtheria, Tetanus, Pertussis)</b>						Chest X-Ray/RX: Required with Positive TB Skin Test
<b>Td/ Tdap (Tetanus, Diphtheria, Pertussis)</b>						CXR Date: _____ Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
<b>MMR</b>						RX treatment & duration: _____
<b>Hib (Haemophilus influenza Type B)</b>						<input type="checkbox"/> Child has no risk factors for TB and does not require TB test. * Risk factors on reverse _____
<b>Hepatitis B</b>						
<b>Hepatitis A (not required)</b>						
<b>Varicella</b>			Had Varicella – Date: _____			<b>Health Provider Signature</b>

EXAM DATE	SUMMARY OF FINDINGS/CONDITIONS	REFERRALS - F/U
<b>Screenings</b>	<b>Weight:</b> _____ <b>Height:</b> _____ <b>BMI%ile:</b> _____ <b>B/P:</b> _____ <b>Lead:</b> _____ <b>Hgb/Hct:</b> _____ <b>U/A:</b> _____	
<b>Vision/Hearing</b>	<b>Vision:</b> R: 20/____ L: 20/____ Both: 20/____ <input type="checkbox"/> Has glasses <b>Hearing:</b> R: <input type="checkbox"/> Pass <input type="checkbox"/> Fail L: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
<b>Physical Examination</b>	<input type="checkbox"/> Medical condition(s) identified *Specify: _____ <input type="checkbox"/> Medication taken at school: ** _____ <input type="checkbox"/> At home: _____ <input type="checkbox"/> Restrictions from school activities Specify: _____ <b>*Emergency Care Plan(s) required for condition needing potential action at school. **Medication form required for each med.</b> <b>Forms are available at <a href="http://www.healthiersf.org/Forms/index.php#15">http://www.healthiersf.org/Forms/index.php#15</a> under Medication and Emergency Care Plans</b> <input type="checkbox"/> Examination revealed <b>NO</b> condition relevant to the school program, e.g. allergies, asthma, cardiac, diabetes, epilepsy, other	
<b>Dental Assessment</b>	<input type="checkbox"/> NO dental problems <input type="checkbox"/> Dental problems Specify: _____	
<b>Developmental Assessment</b>	<input type="checkbox"/> Development is within age expectations <input type="checkbox"/> Developmental concern(s) Specify: _____ <input type="checkbox"/> Developmental diagnosis Specify: _____	
<b>Nutritional Assessment</b>		
<b>Other</b>		

Signature/Title of Health Provider	Date / /	Address/Phone (Print/Stamp)
Name (Please print or stamp)		

## 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> DTaP (diphtheria, tetanus, pertussis) <i>Age 6 years and under</i>  <i>Age 7 years and older</i> (Tdap, Td, DTap or any combination)	<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 (Tdap) dose is required.
<b>Tdap Booster</b> (Tetanus, reduced diphtheria, and pertussis) <i>7th grade</i>	<b>1 dose</b> on or after 7th birthday <b>1 dose</b> 8th-12th grade students transferring from out of California must 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>	<b>3 doses at any age</b>
<b>Varicella</b> <i>Kindergarten</i> <i>Out-of-state entrants (13-17 years)</i>	<b>1 dose</b> <b>2 doses</b> if not admitted to California school before July 1, 2001

**EXEMPTIONS:** Effective January 1, 2014, parents/guardians who want to exempt their child from one or more required immunizations because of their personal beliefs must provide to the school or child care facility a statement signed and dated by a health care practitioner and parent indicating that the practitioner has provided, and the parent has received, information about the benefits and risks of immunizations and the risks of vaccine-preventable diseases. Parents/guardians and health care practitioners must use the one-page form that meets all the above requirements developed by the California Department of Public Health and available from many schools and health care practitioners. (CA AB2019)

**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 exam 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. The examination for first graders must be done not more than 18 months prior to entry. Lack of evidence of a physical examination may result in denial of entrance to school.

*(If you do not want your child to have an exam, sign the waiver form 171B obtained from your child's school.)*