

San Francisco Unified School District School Health Form - 2017/2018

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

EXAM DATE	SUMMARY OF FINDINGS/CONDITIONS	REFERRALS - F/U
Screenings	Weight: _____ Height: _____ BMI%ile: _____ B/P: _____ Lead: _____ Hgb/Hct: _____ U/A: _____	
Vision/Hearing	Near Vision: R: 20/____ L: 20/____ Both: 20/____ Color Vision (2nd grade boys): <input type="checkbox"/> Pass <input type="checkbox"/> Fail Distance Vision: R: 20/____ L: 20/____ Both: 20/____ <input type="checkbox"/> Has glasses Hearing: R: <input type="checkbox"/> Pass <input type="checkbox"/> Fail L: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Physical Examination	<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: _____ *Emergency Care Plan(s) required for condition needing potential action at school. **Medication form required for each med. Forms can be found in the SFUSD School Health Manual: http://www.healthiersf.org/resources/SHM.php <input type="checkbox"/> Examination revealed NO condition relevant to the school program, e.g. allergies, asthma, cardiac, diabetes, epilepsy, other	
Dental Assessment	<input type="checkbox"/> NO dental problems <input type="checkbox"/> Dental problems Specify: _____	
Developmental Assessment	<input type="checkbox"/> Development is within age expectations <input type="checkbox"/> Developmental concern(s) Specify: _____ <input type="checkbox"/> Developmental diagnosis Specify: _____	
Nutritional Assessment		
Other		

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

SCHOOL HEALTH FORM 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; CDPH Immunization Branch ShotsForSchool.org (4/17)

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

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

EXEMPTIONS: Effective January 1, 2016, SB 277 eliminates personal and religious exemptions from immunization requirements for children in child care and public and private schools. The law will allow personal belief exemptions (PBEs) submitted before January 1, 2016 to remain valid until an existing K-6 student reaches 7th grade or middle school student reaches 9th grade. The following exempt categories will not have to meet existing immunization requirements for entry:

Home-based schools Students enrolled in an independent study program who do not receive classroom-based instruction.

For **MEDICAL EXEMPTIONS ONLY**, a written statement from a licensed physician (M.D. or D.O.) is required, which states:

- that the physical condition or medical circumstances of a child are such that the required immunization(s) is/are not considered safe
- which vaccine(s) is/are being exempted
- the specific nature and probable duration of the condition or circumstances, including but not limited to family medical history, for which the physician does not recommend immunization
- the expiration date, if the exemption is temporary.

Tuberculosis (TB) Screening Requirements: a medical provider's risk assessment for TB infection is the universal requirement for entry into S.F. preschools and K-12 schools and must occur within 1 year before first entry to TK/K-12 schools in SF (children who were screened for preschool should also be screened at TK/K entrance) using universal risk assessment. If no risk factors, the signature of health provider attesting to **NO RISK FACTORS FOR TB** is required. If a child has one or more risk factors for TB, the health provider should perform a TB symptom review and administer a TB test (tuberculin skin test or interferon gamma release assay blood test/IGRA) prior to school entry. (Reference: "Tuberculosis Screening Requirements at Preschool and K-12 School Entry" SFDPH Communicable Disease Prevention Unit 10.23.2014).

Risk Factors for Tuberculosis (TB) in Children

- Have a family member or contact with history of confirmed or suspected TB
- Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America, Eastern Europe)
- Adopted from any high-risk area
- Travel to countries with high rate of TB
- Live in out-of-home placements
- Have or 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 signs of TB: Cough > 3 weeks, coughing up blood, fever, weight loss or growth/development concerns, night sweats

THE KINDERGARTEN/FIRST GRADE HEALTH EXAMINATION

A completed physical exam is required for children entering school: for kindergarten the exam can be no earlier than 6 months prior to school entry. For first graders the exam 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.)