



## Village Christian Schools

8930 Village Avenue

Sun Valley, CA 91352

Phone (818) 767-8382 Fax (818) 768-2006

Dear Parents:

The California Child Health & Disability Prevention law requires all students entering school to have a health screening exam 6 months prior to entering Kindergarten or eighteen months prior to entering first grade. Your child's physician will perform a complete medical, developmental and nutritional evaluation. All immunizations should be current; a TB test should be done as well as, other tests and screenings.

The examination and screening are intended to find any problems and arrange for early care, if needed. In most areas, private physicians and health plans provide these services. Children eligible for Medi-Cal will be paid by the state.

To obtain services, you should contact your local physician or health plan. The Los Angeles County Department of Health Services, Child Health and Disability Prevention Project personnel may be able to help you if you are unable to obtain this examination. Their phone number is 818 834-3380.

Your child will be able to attend classes on the first day of school if this requirement is met. Parents may sign a waiver if they do not want their child to receive a health examination and it must be on file before school begins. Waivers are available in the Health Office. Questions may be addressed to the School Nurse.

Sincerely,

Ronald G. Sipus, Ph.D.  
Superintendent

Shelley Stauffer  
School Nurse

# 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 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/DT/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					
OTHER					

REQUIRED TESTS/EVALUATIONS	DATE
Health History	
Physical Examination	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (Mantoux/PPD) Date read: results:	
Blood Test (for anemia)	
Urine Test	
Blood Lead Test	
Other	

## PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and 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.

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)

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.