

## San Francisco Unified School District School Health Form - 2019/2020

**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"/> <b>Child has no risk factors for TB and does not require TB test, and has a negative TB symptom review</b> * Risk factors on reverse <b>Tuberculin Skin Test:</b> <input type="checkbox"/> Mantoux/TST <input type="checkbox"/> IGRA blood test Date: _____ Induration: _____ mm Result <input type="checkbox"/> Negative <input type="checkbox"/> Positive <b>Chest X-Ray/RX:</b> Required with Positive TB Skin or TB Blood Test CXR Date: _____ Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive RX treatment & duration: _____ <b>Health Provider – please sign form below</b>
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	
<b>Polio</b> (IPV/OPV)						
<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)						
<b>Td/Tdap</b> (Tetanus, Diphtheria, Pertussis)						
<b>MMR</b> (Measles, Mumps, and Rubella)						
<b>Hib</b> (Haemophilus influenza Type B)						
<b>Hepatitis B</b>						
<b>Varicella</b> (Chicken Pox)			Had Varicella – Date: _____			
			Attach medical exemption to this form			

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>Near Vision:</b> R: 20/____ L: 20/____ Both: 20/____ <b>Color Vision (2<sup>nd</sup> grade boys):</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>Distance 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. Forms can be found in the SFUSD School Health Manual: <a href="http://www.healthiersf.org/resources/SHM.php">http://www.healthiersf.org/resources/SHM.php</a></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)		

## SCHOOL HEALTH FORM FOR SCHOOL ENTRY – Grades TK/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.

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1,2,3</sup>				
TK/K-12 Admission	4 Polio <sup>4</sup>	5 DTAP <sup>5</sup>	3 Hep B <sup>6</sup>	2 MMR <sup>7</sup>	2 Varicella
(7th-12th) <sup>8</sup>	1 Tdap				
7 <sup>th</sup> Grade Advancement <sup>9,10</sup>	1 Tdap <sup>8</sup>				2 Varicella

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
- For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the first birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the seventh grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

**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 7<sup>th</sup> grade or middle school student reaches 9<sup>th</sup> grade. The following exempt categories will not have to meet existing immunization requirements for entry: home-based schools and students enrolled in an independent study program who do not receive classroom-based instruction.

For **MEDICAL EXEMPTIONS**, 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, including when a student had varicella/chicken pox, 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
- 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 healthcare provider should perform a TB symptom review and administer a TB test (tuberculin skin test or interferon gamma release assay blood test/IGRA). Students should present evidence of TB clearance prior to school entry. (Reference: "Tuberculosis Screening Requirements at Preschool and K-12 School Entry" SFDPH Communicable Disease Prevention Unit updated March 11, 2019).

### Risk Factors for Tuberculosis (TB) in Children

If the child has one or more risk factors for TB, the provider should perform a TB symptom review and administer a TB test (tuberculin skin test or interferon gamma release assay blood test / IGRA).

- Birth, travel, or residence in a country with an elevated TB rate (includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe)
- Immunosuppression, current or planned (examples include HIV infection, organ transplant recipient, TNF-alpha antagonist, steroids, or other immunosuppressive medication)
- Have a family member or contact with a history of confirmed or suspected TB
- The TB symptom review consists of an assessment of: cough > 3 weeks, coughing up blood, fever, weight loss or concerns about appropriate growth and development, night sweats. If the TB test is positive or a child has one or more symptoms suggesting active TB disease, a chest X-ray should be obtained.

### 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.)