

HEALTH RECORDS REQUIRED FOR SCHOOL ENTRANCE

The State of California – department of Health Services, requires the following records. We must have these **BEFORE THE FIRST DAY OF SCHOOL**, or your child will NOT be allowed in the classroom.

1. Polio Vaccine:
3 doses, but the last dose MUST have been AFTER the 4th birthday
 2. Diphtheria, Tetanus & Pertussis:
4 doses, but the last dose MUST have been AFTER the 4th birthday
 3. Measles, Mumps & Rubella:
1 dose MUST have been on or AFTER the 1st birthday
 4. Second Measles containing Vaccine (Measles or MMR):
1 dose, also on or after 1st birthday
 5. TB Skin Test:
Mantoux type, date given AND date “read” MUST be within 1 year of the entrance to Kindergarten
 6. Hepatitis B:
3 doses, required for entry.
 7. Varicella:
Required to all entering kindergarten.
 8. Pertussis vaccine booster: (Tdap)
7th and 8th grade students will need proof of a Tdap shot before starting school
- ❖ For all of these records we need the date given and the signature of the health care provider. The yellow Immunization Record is adequate.
 - ❖ For those entering Kindergarten, most of these requirements will be met at the 5-year check up. Please remember to schedule the check up **BEFORE THE START OF SCHOOL**.
 - ❖ Health records are required of all new students entering Saint Charles Borromeo School. If you have any questions. PLEASE ASK! These are all State of California requirements and will be the same for any school your child applies to.
 - ❖ All students are required by law to have a physical examination within 18 months of entrance to 1st grade.

- ❖ Please note 7th grade must also give proof of 2 measles and 3 hepatitis B/diphtheria-tetanus booster and varicella are recommended but not required.

Please complete the following information:

Student's Name: _____

Date: _____

The following information regarding your child is requested. This information will be maintained in a confidential file in the nurse and school office. It will be used only in the event of a medical emergency.

1. Does your child take any medication? Please include medication taken including those taken only at home for specific conditions (asthma inhalers, allergy medications, etc.) _____

2. Does your child wear glasses? _____

3. Does your child wear contact lenses? _____

4. Does your child have allergies to any of the following?:

- Food _____
- Medication _____
- Insect Bits _____
- Animal Fur _____
- Other _____

Please provide specifics to any yes answers:

5. Has your child ever been diagnosed with any of the following?:

- Asthma _____
- Bleeding Disorders _____
- Seizures _____
- Seizures Associated with Fevers _____
- Diabetes _____
- Other _____

6. Has your child ever had surgery? _____
Please provide any specifics:

Please return this form to the school office.