



**To Parents of Students enrolling in First Grade:**

**RE: 2025–2026 School Year**

Under the California Child Health Disability Prevention Law (CHDP Law), all **children entering first grade** must have received a health screening examination within 18 months before the first day of school (August 11, 2025). This examination consists of a medical, developmental, and nutritional history, a complete physical examination, necessary immunizations, tests for anemia and urine problems, a tuberculosis skin test, vision, hearing, and dental screening, and, where necessary, sickle cell and blood lead screening.

The screening examination is intended to find any problems and arrange early care if needed. One out of every 10 children entering first grade has a health problem unknown to parents. If children have a yearly checkup, any serious problems causing permanent damage can be detected, saving families medical costs. The screening services may be obtained from your family doctor, pediatrician, or pre-paid health plan.

When your child is screened, you will be given an explanation of the results and help with a referral for treatment, if needed. You will also receive the Health Examination Report, **which must be signed by the doctor and returned to your child's school.**

**If your child is entering first grade in August 2025, the Report of Health Examination for School Entry MUST be received before your child can start school.** This examination can be performed no earlier than **March 2024.**

If you have any additional questions, please do not hesitate to call our school office.

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**WEST CAMPUS**

*Preschool*

10949 Zelzah Ave | Granada Hills, CA 91344  
818-488-8888

**NORTH CAMPUS**

*Elementary School*

17531 Rinaldi St | Granada Hills, CA 91344  
818-368-7071

**SOUTH CAMPUS**

*Middle & High School*

9825 Woodley Ave | Northridge, CA 91343  
818-894-5742

## 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	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	SCHOOL
	ZIP code	

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ / /
Physical Examination	/ / /
Dental Assessment	/ / /
Nutritional Assessment	/ / /
Developmental Assessment	/ / /
Vision Screening	/ / /
Audiometric (hearing) Screening	/ / /
TB Risk Assessment and Test, if indicated	/ / /
Blood Test (for anemia)	/ / /
Urine Test	/ / /
Blood Lead Test	/ / /
Other	/ / /

#### 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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/dT</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

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)*

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.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_ Date \_\_\_\_\_

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.*