

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

Child's Name: _____ Birthday: _____
Last First M

Address: _____
Street City Zip Code

School: _____ Teacher: _____

Parent or Guardian: Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. **SIGN AND RETURN THIS FORM TO THE SCHOOL** where it will be maintained as confidential information.

NOTE: Signing this waiver does not excuse your child from receiving the immunizations required by California Law for children in school. Also, signing this waiver will not deny your child the vision and hearing tests done by the school.

I have been informed about the health examination recommended by health professions and required by state law. I have also been informed about where my child can receive a free health examination.

Please check one of the following:

- I choose not to have my child receive a health examination as a part of the school entry requirement.
- I would like my child to receive a health examination, but I am unable to obtain it.
 REASON: (See health and Safety Code, Section 323.5) _____

- My child received a physical exam prior to March; the next regularly scheduled physical examination is _____. I will bring the completed CHDP form to the school office.

Signature: _____ Date _____

By typing your name in box, you are accepting this as your electronic signature.