



STATE OF FLORIDA
School Entry Health Exam

Form: DH 3040

Page 1 of 2

Note: Page 2 is completed by the physician.

To Parent/Guardian: Please complete and sign Part I - Child's Medical History.

State law for school entry requires a health examination by a legally-qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

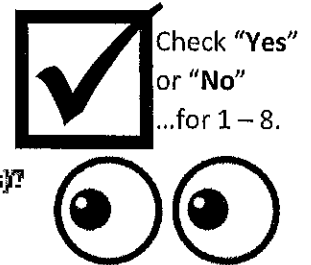
Form with fields for Name of Child, Birth Date, Sex, Address, School, Grade, City and ZIP Code, Home Telephone Number, and Parent/Guardian Name. Includes handwritten 'Fill in this part.' instructions.

PART I - CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

- 1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child's health with a school nurse?



To Parent/Guardian: Please explain any "Yes" answers from above.

Horizontal lines for explaining 'Yes' answers.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

Parent signature Date
Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (The services are recommended but not required.)

Table with 3 rows: 1. Comprehensive Vision Examination, 2. Comprehensive Dental Examination, 3. Hearing Screening. Includes fields for Date of Exam, Results of Exam, and Health Care Provider. A large 'X' is drawn over the table.



Form: DH 680



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.308, 402.313, Florida Statutes; Rule 64D-3.048, Florida Administrative Code

Physician will fill in information below.

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YYYY)
PARENT OR GUARDIAN	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See Immunization Guidelines—Florida Schools, Childcare Facilities and Family Daycare Homes for information and instructions on form completion and immunization requirements. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	CODE	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
DTaP/DTaP	A	Date	Date	Date	Date	
DT	B					
Tdap	P	Date				
Td	Q	Date	Date	Date		
Polio	D	Date	Date	Date	Date	
Hib	E					
MMR (Combined)	F	Date	Date			
(Separate)	G, H					
		Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	Date	Date			
Varicella	K	Date	Date			
Varicella Disease	L					
PneumoConjugata	M	Year				

Select appropriate box(es).
Certificate of Immunization for K-12

Part A-Complete

DOE Code 1: Check box if immunizations are complete for kindergarten entry

DOE Code B: Check box if immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

DOE Code 2 (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) Invalid without expiration date.

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

(For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
Authorized Signature: _____

Issued by: _____

Date: _____

**Immunization Requirements for Grades PreK-12
FY 20 School Year**



Grades	PK*	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DT Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Tdap Booster									X	X	X	X	X	X
Polio Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR (2 doses)	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B Series	X*	X	X	X	X	X	X	X	X	X	X	X	X	X
Varicella 1 dose	X												X	X
Varicella 2 doses		X	X	X	X	X	X	X	X	X	X	X	X	
HIB series	X*													

Attention Parents/Guardians!

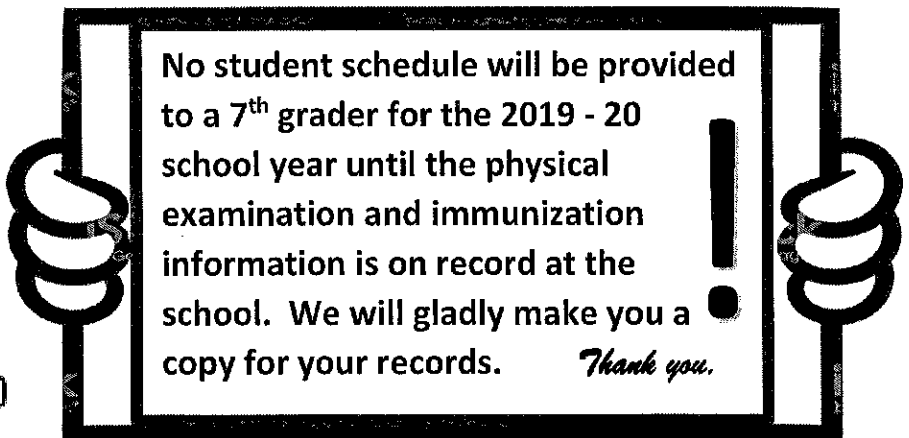
Students entering **Grade 7** in School FY 20 will be required to submit documentation of the following information:

- Tdap booster (Tetanus, Diphtheria, Pertussis) *
- A School Physical Examination*

The physical examination must be completed within the 12 months prior to the date of entry into Grade 7.

*These requirements are in addition to first time school entry requirements of:

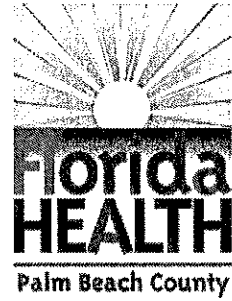
- DTaP series
- Polio series
- MMR (two doses)
- Hepatitis B series
- Varicella (two doses)



No student schedule will be provided to a 7th grader for the 2019 - 20 school year until the physical examination and immunization information is on record at the school. We will gladly make you a copy for your records. *Thank you.*

July 29, 2019

FLORIDA DEPARTMENT OF HEALTH IN PALM BEACH COUNTY READIES FOR BACK TO SCHOOL IMMUNIZATIONS



Contact:
Communications Office
chd50feedback@flhealth.gov
561-671-4014

West Palm Beach, Fla.— The Florida Department of Health in Palm Beach County is consolidating its back to school immunization clinics and outreaches to better serve those incoming students needing school shots from July 29 to August 16, 2019.

"We want every student in need of immunizations for school to be able to get those shots in plenty of time before school starts," said Dr. Alina Alonso, Director for the Florida Department of Health in Palm Beach County. "We've consolidated our staff and will be accommodating walk-ins for three weeks at two key locations."

Back to School Immunization Walk-in Locations:	
West Palm Beach Health Center 1150 45th Street West Palm Beach, FL 33407 Mon-Fri 7:30am-3:00pm	Lantana Health Center 1250 Southwinds Drive Lantana, FL 33462 Mon-Fri 7:30am-3:30pm

Everyone is encouraged to visit their physician or medical provider for immunizations if possible. The Florida Department of Health immunization clinics are available to those without a medical provider and to accommodate those who may not have been able to get an appointment with their provider in time for school.

Immunization and physical requirements can vary depending on the grade a child is going into, or if they are new to the Palm Beach County School System. The Florida Department of Health in Palm Beach County currently has a website set up to concisely break down school immunization needs. Parents are encouraged to visit **NoShotsNoSchool.com** or call 561-840-4568 for more information.

About the Florida Department of Health

The department, nationally accredited by the [Public Health Accreditation Board](#), works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. Follow us on Twitter at [@HealthyFla](#) and on [Facebook](#).

For more information about the Florida Department of Health please visit www.FloridaHealth.gov.