



# LOS ANGELES UNIFIED SCHOOL DISTRICT

## Policy Bulletin

**TITLE:** Child Health and Disability Prevention (CHDP)  
Program and Blood Lead Testing

**NUMBER:** BUL-2514.2

**ISSUER:** Pia V. Escudero, Executive Director  
Student Health and Human Services

### ROUTING

Local District  
Superintendents  
Principals  
School Nurses  
School Administrative  
Assistants

**DATE:** November 9, 2020

**POLICY:** Students must present evidence of having received a specified health assessment examination 18 months prior to or within 90 days of enrollment in first grade.

**MAJOR CHANGES:** This Bulletin replaces BUL-2514.1 “Child Health and Disability Prevention (CHDP) Program and Blood Lead Testing” issued on January 22, 2013. The content has been revised to reflect new reference contacts, updated examination guidelines and procedures, and the elimination of the PM160 and Consent for Health Assessment, Eligibility Determination and Receipt/Release of Medical Information forms.

**GUIDELINES:** The following guidelines apply:

Legislation establishing the Child Health and Disability Prevention (CHDP) Program was enacted in 1973. Basic to the program is the concept that many physical and mental disabilities can be prevented, or their impact lessened, with early recognition and treatment. (See California Administrative Code, Title 17, Sections 6802 et. Seq. and Health and Safety Code, Part 1, Article 3, 4, Section 320 et seq.).

The following assessment procedures were established by law for entry to first grade:

Evaluation of health status consisting of a health, nutritional, and developmental history, physical examination, including height, weight, dental assessment, vision and hearing screening, blood pressure, urine test, anemia test, blood lead screening, mantoux skin test for tuberculosis screening and immunizations, as deemed necessary by the State of California, the Los Angeles County Department of Health Services and the clinician. This type of assessment must be done within 18 months prior to entry into the first grade or within 90 days after admission.

In addition to the first grade health assessment examination mandate, other eligible students may receive medical treatment, physical examinations and immunizations as stated above. Other assessments appropriate to age and gender may be included.



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All health assessments and medical services are provided free of charge to all financially eligible students or those who have Medi-Cal. If the student is not eligible for medical services according to the above categories, the family may obtain medical services and/or the first grade entrance health assessment examination through one of the LAUSD School-Based Clinics or Student and Family Wellness Centers or other public/private providers.

After the school health assessment examination has been completed, the parent/guardian will receive a copy of the Report for Health Examination for School Entry - PM 171A (Attachment A), and the results discussed. Any child, upon completion of this examination who has an actual or suspected health condition that is not currently under care, will be referred for diagnostic and treatment services as indicated. If no regular source of care can be identified, the family may be referred by the examining provider to an appropriate agency for follow-up and/or routine care as per CHDP referral guidelines.

### Requirements for Schools

1. Every public or private school, which has students enrolled in kindergarten and/or first grade shall, at the time of registration, inform parent/guardian of the provisions of the State CHDP Program. This can be done by providing information regarding the Student Medical Services and Medi-Cal Programs School-Based Clinics appointment line at 213-202-7590, and/or one of the other District partner's Student and Family Wellness Centers, and/or a letter to parent/guardian (Attachment B).
2. Each student must present evidence of having received a specified health assessment examination 18 months prior to or within 90 days of enrollment in first grade unless the parent/guardian has signed a Waiver of Health Examination for School Entry - PM 171B (Attachment C). If the parent is having difficulty obtaining the health screening, refer them to the school nurse for assistance.
3. All information and results of the health screening of each student is confidential and part of the student's health record. It cannot be released without the informed consent of the parent/guardian or as required or authorized by applicable law.

### Proof of Health Examination and Admission to First Grade

1. Proof of Health Examination Completion  
Parents/guardians must present written proof of a complete health assessment within 18 months prior to the first day of first grade or within 90 days after entry



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to first grade. (Date of entry into first grade may vary according to the current school calendar.) This proof may be presented on the State of California Report of Health Examination for School Entry - PM 171A (Sample, Attachment A) or equivalent.

The Proof of Health Examination form is available on the State Department of Health Care Services website here:

[https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171b\(bi\).pdf](https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171b(bi).pdf)

### 2. Waiver of Health Examination

Parents/guardians who do not wish to provide evidence of an examination should sign a Waiver of Health Examination for School Entry PM 171B (Sample, Attachment C).

The Waiver form is available on the State Department of Health Care Services website here:

[https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171b\(bi\).pdf](https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171b(bi).pdf)

### 3. Students Who Repeat First Grade

It is not necessary for a student who repeats the first grade to repeat their health assessment examination. A copy of the examination must be retained in the health record.

### 4. Students Who Repeat Kindergarten

If a student is examined within six months of kindergarten entry or during the kindergarten year and has a CHDP report on file, and then repeats the kindergarten year, they need not repeat the health assessment examination.

### 5. Students Enrolled in Special Education Programs

Many students enrolled in special education programs have extensive health records on file with the school. When there is no record of a complete health assessment examination within 18 months prior to first grade entry, parents/guardians should be encouraged and assisted in obtaining and submitting the report of health assessment examination to the school. If the parent/guardian refuses, a waiver should be obtained (Attachment C). In ungraded special education, data should be submitted on students who are age six on or before December 2 of the current school year as outlined above.

### 6. Schools with Ungraded Classes

Students who will be age six on or before December 2 of the current year will be regarded as equivalent to students in first grade for CHDP Program purposes.



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### Procedures for Obtaining Certification for School Entrance

If the designated LAUSD school personnel are not available or the student is not financially eligible or the parent/guardian prefers their child's health assessment examination to be done by their provider or choose a public agency, the school/school nurse must refer the child to the appropriate public medical agency to obtain the required examination.

School personnel should never refer students to private medical agencies unless that is the student's current designated provider.

If school personnel have questions regarding which public agencies to refer students, they can call either LAUSD Student Medical Services at (213) 202-7584 or LAUSD District Nursing Services at (213) 202-7580.

### Guidelines for Blood Lead Testing

In 1992, blood lead testing became a required component of the CHDP health assessment. The screening is offered to children under 72 months of age and those that are identified as high risk.

The District has contracted with an outside laboratory for this testing. When the test is indicated, the CHDP School Physician or School Nurse Practitioner will complete a lab request for the family to take the child to the nearest contracted laboratory site. The Central CHDP Program will send the lead test result to the school or school clinic site to be recorded on the health record.

The CHDP Provider is responsible for notifying the parent or guardian about the blood lead results on those students with an elevated lead level of 5 ug/dl or higher. The parents must be counseled regarding possible sources of lead poisoning and nutritional guidelines to counteract elevated lead levels. The parent or guardian should be made aware that blood lead retests will need to be repeated at intervals of 1-4 weeks or 1-3 months depending on the elevated lead level as per California Department of Health Care Services (DHCS) Guideline #6 on Blood Lead Test and Anticipatory Guidance.



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**AUTHORITY:** This is a policy of Health and Safety Code, sections 104395, 105300, 105305, 120475, and 124025-124110; 17 CCR sections 6800-6874; 22 CCR sections 51340, 51532.

**RELATED RESOURCES:** California Department of Health Services, Children's Medical Services Branch, Child Health and Disability Prevention Program website:  
<https://www.dhcs.ca.gov/services/chdp>

Los Angeles County Public Health Department, CHDP Program website:  
<http://publichealth.lacounty.gov/cms/chdp.htm>

\*<https://www.dhcs.ca.gov/services/chdp/Documents/HAG/Chapter6.pdf>

**ASSISTANCE:** For assistance or further information, please contact Student Medical Services at (213) 202-7584 or District Nursing Services at (213) 202-7580.



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

## ATTACHMENT A

State of California—Health and Human Services Agency

Department of Health Care Services  
Child Health and Disability Prevention (CHDP) Program

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

#### 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
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B (Required for child care/school only))					
HEPATITIS B					
VARICELLA (Chicken pox)					
OTHER (e.g., TB Test if indicated)					
OTHER					

#### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

##### 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)

#### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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

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.

CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

PM 171 A (09/07) (Bilingual)



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

## ATTACHMENT A-1

State of California—Health and Human Services Agency

Department of Health Services  
Child Health and Disability Prevention (CHDP) Program

### INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe será archivado por la escuela en forma confidencial.

#### PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle		Ciudad	Zona Postal
			Escuela

#### PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

##### EXAMEN DE SALUD

**AVISO:** Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

##### REGISTRO DE INMUNIZACIONES

**Aviso al Examinador:** Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

**Aviso a la Escuela:** Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTp/DT/Td (difteria, tétanos y [acelular] pertusis [tos ferina]) O (tétano y tos ferina solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Haemophilus Typo)					
Requerido por centros de cuidado para niños y centros escolares (sarampión)					
H. PATITIS B					
VARICELLA (Viruela de las vacas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

#### PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (opcional)

##### RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

\*de ser indicado

#### PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).  
CHDP website: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

PM 171 A (3/03) (Bilingual)





LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services

Use School Letterhead

Date:

Dear Parent/Guardian:

California law requires children to have a physical examination within 18 months prior to or not later than three (3) months after entering first grade. The examination includes a health history, physical examination with vision and hearing screening, necessary immunizations, tuberculosis screening and possibly a test for anemia, a urine test and blood lead screening.

Many physicians, group health plans and the County of Los Angeles CHDP Program offer these services. If you are covered by a private health plan you should have the examination done there. The Los Angeles Unified School District can provide this service to the families of those students who are eligible and unable to obtain this examination from their physician or clinic. Please consult with the school nurse to see if your family qualifies.

For the exam at one of the District's School-Based Clinics or Student and Family Wellness Centers, you must be present with your child. The results of the examination, including any necessary referral assistance, will be discussed with you. Please indicate your choice below with a check mark and return the form to the school nurse.

- \_\_\_\_\_ 1. My child will have the physical examination done by a private doctor or health plan. I will provide the school with a copy of the findings.
- \_\_\_\_\_ 2. I wish to have my child referred to one of the District's School-Based Clinics or Student and Family Wellness Centers in order to receive a health examination for school entry.
- \_\_\_\_\_ 3. I do not wish my child examined for school entry and will sign the waiver form.

Name of Child \_\_\_\_\_

Principal \_\_\_\_\_

Name of Adult \_\_\_\_\_

Relation to Student \_\_\_\_\_

Sincerely,

Principal





DISTRITO ESCOLAR UNIFICADO DE LOS ANGELES  
Oficina para la Salud Estudiantil y los Servicios Humanos

Fecha \_\_\_\_\_

Estimados Padres o Tutores:

La ley de California exige que los niños se hagan un examen físico dentro de los 18 meses previos a su ingreso o a más tardar, dentro de los tres (3) meses siguientes al primer año lectivo. El examen comprende un historial de salud, examen físico con control de la visión y la audición, las inmunizaciones necesarias, detección de tuberculosis y posiblemente un examen de anemia, un análisis de la orina y de control de plomo en la sangre.

Muchos médicos, planes de salud y el Programa CHDP (Programa de Salud Infantil y Prevención de Discapacidades) del Condado de Los Angeles ofrecen estos servicios. Si su familia está cubierta por un plan privado de salud, debe coordinar para realizar dichos exámenes allí. El Distrito Escolar Unificado de Los Angeles puede ofrecer este servicio a las familias de aquellos estudiantes que reúnan los requisitos y cuyos médicos o clínicas no les proporcionen tales beneficios. Por favor, consulte con su enfermera escolar para determinar si su familia tiene derecho a este servicio.

Para el examen en una de las Clínicas de Salud Escolar o en uno de los Centros de Bienestar para Estudiante y Familia del Distrito, tiene que estar presente con su hijo. Los resultados del examen, incluyendo cualquier tipo de referencia necesaria a un especialista, son temas que se tratarán directamente con usted. Por favor, indique su elección a continuación con una cruz, y entréguele el formulario a la enfermera de la escuela.

- \_\_\_\_\_ 1. Mi hijo(a) se hará el examen físico a través de un doctor particular o un plan de salud privado. Le suministraré a la escuela una copia de los resultados.
- \_\_\_\_\_ 2. Deseo que mi hijo(a) sea referido(a) a una de las Clínicas de Salud Escolar o a uno de los Centros de Bienestar para Estudiante y Familia del Distrito para recibir un examen de salud para ingresar a la escuela
- \_\_\_\_\_ 3. No deseo que mi hijo(a) sea examinado(a) para ingresar a la escuela y firmaré el formulario de exoneración.

Nombre y apellido del estudiante \_\_\_\_\_ Salón \_\_\_\_\_

Nombre y apellido del Adulto \_\_\_\_\_ Relación al estudiante \_\_\_\_\_

Atentamente,

Director(a)



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

## ATTACHMENT C

State of California—Health and Human Services Agency

Department of Health Care Services  
Child Health and Disability Prevention (CHDP) Program

### WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		First	Middle	DATE OF BIRTH—Month/Day/Year
ADDRESS—Number, 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 professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

- ☐ I choose not to have my child receive a health examination as 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 124085): \_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

Date

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP Web site: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

PM 171 B (Bilingual) (09/07)



State of California—Health and Human Services Agency

Department of Health Care Services  
Child Health and Disability Prevention (CHDP) Program

**RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA**

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DIRECCIÓN—Número/Calle	Ciudad	Zona Postal	ESCUELA	Maestro(a)	

**PADRE/MADRE O GUARDIÁN:**

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario. **FIRMELO Y DEVUELVALO A LA ESCUELA** donde será guardado en forma confidencial.

**AVISO:** EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO HECHOS POR LA ESCUELA.

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

- ☐ Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.
- ☐ Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085): \_\_\_\_\_

\_\_\_\_\_  
Firma del padre/madre o guardián

\_\_\_\_\_  
Fecha

SI DESEA MÁS INFORMACIÓN CONSÍGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.  
CHDP Web site: [www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)

PM 171 B (Bilingual) (09/07)