Dear Parent or Guardian:

For the health and well-being of your child, California law requires that all children entering kindergarten, or first grade have a health checkup. The law allows for the checkup to be completed up to 18 months prior to entry into first grade or within 90 days thereafter. This is to ensure that they are healthy, ready to learn and immunized against communicable diseases.

The attached “Report of Health Examination for School Entry” form must be completed by your child’s physician and returned to your child’s school as verification of the health checkup.

Many children are eligible to receive this checkup at no cost. For more information or to see if your child qualifies for a free CHDP examination, call a CHDP Provider on the attached list.

All children on Medi-Cal and children of most low to moderate income families can receive a free examination by a CHDP Provider.

**To schedule a CHDP exam, see attached Nevada County CHDP list of providers that can offer free CHDP exams and immunizations to those who qualify.**

**HEALTH CHECK-UP**

A complete well-child exam includes the following:

<table>
<thead>
<tr>
<th>Physical Exam</th>
<th>Dental Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision and Hearing Screenings</td>
<td>Urine and Blood Tests</td>
</tr>
<tr>
<td>Updating Your Child’s Immunizations</td>
<td>Discussing Your Child’s Development and Nutrition</td>
</tr>
</tbody>
</table>

A **FREE CHDP** exam can also be the “Gateway” to Medi-Cal. A free CHDP exam is the perfect way to access continuing medical coverage for your child.

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM  
NEVADA COUNTY PUBLIC HEALTH DEPARTMENT  
500 Crown Point Circle, Suite 110, Grass Valley, CA 95945  
(530) 265-1424
Western Sierra Medical Clinic  Grass Valley
(530)274-9762  Fax (530)273-7255
844 Old Tunnel Rd. Grass Valley, CA 95945

Family Medicine, Pediatrics:
Curtis Michael MD  Wagner, Douglas MD
Woerner, Sarah MD  Morency, Anna NP
Conley, Polly PNP  Shapiro, Susan MD
McIntyre, Sharon MD  Bauer, Ingrid MD

Western Sierra Medical Clinic  Penn Valley
(530) 274-9762  Fax (530) 273-7255
1055 Spenceville Rd, Penn Valley, CA 95946

Family Medicine, Pediatrics
Wagner, Douglas MD

Accepts new Medi-Cal Sliding Scale Espanol

CHDP provides...........
Medical and Dental Health Check-ups
Diagnosis and treatment can be paid for from birth to 21 for children eligible for Medi-Cal and to age 19 for income qualified families

www.dhcs.ca.gov/services/chdp

Tahoe Forest Multi-Specialty Clinic-Pediatrics
Truckee (530) 587-3523  Fax: (530) 582-6192
10956 Donner Pass Rd. Suite 130
Truckee, CA. 96161
Wicks, Chelsea MD
Arth, Chris MD
Fiamengo, Alida DO
Uglum, Else MD
Inouye, Meggie PNP
Vayner, Oleg MD
Lang-Ree, Jennifer PNP

Accepts New Medi-Cal  Se Habla Espanol

Nevada County Public Health Department
Child Health & Disability Prevention Program
500 Crown Point Circle Ste 110
Grass Valley, CA 95945
(530)265-1450

Updated 1/2020
Nevada County MEDI-CAL Dental List of Providers
Referrals for Nevada County and beyond... Compiled by Public Health CHDP of Nevada County
www.denti-cal.ca.gov

Grass Valley/Nevada City

Chapa-De Dental Clinic
(530) 477-9560   fax: 530-447-9217
1350 Main st. Grass Valley   95945
Medi-Cal, Children of all ages, sliding scale

Western Sierra Clinic Grass Valley
(530) 274-9340   fax: 530-273-7255
844 Old Tunnel Rd. Grass Valley   95945
Medi-Cal, Children of all ages, sliding scale, Espanol

Western Sierra Penn Valley
(530) 274-9340   fax: 530-273-7255
10544 Spenceville Rd, Penn Valley 95946
Medi-Cal, Children of all ages, sliding scale, Espanol

North San Juan/Nevada City

Sierra Family Medical Dental Services
(530) 292-3478 fax: 530-292-4296
15301 Tyler Foote Road, Nevada City   95959
Popov, Bozhidar DDS
Alan Schultz DDS
Medi-Cal all ages, sliding scale, Espanol

Downieville

Western Sierra Dental Clinic
(530) 289-3199   fax:
209 Nevada Street, Downieville   95936
Dr. Jennifer Hays
Medi-Cal/Children ages 5 and up, sliding scale, Espanol

Open Thursdays only

Roseville

Western Dental Services & Orthodontics
1 (800) 579-3783
9450 Fairway Drive, Suite 120 Roseville
Medi-Cal, Children of all ages, Espanol

Auburn

Chapa-De Dental Clinic
(530) 887-2830   fax: 530-8872849
1167 Atwood Road, Auburn
Medi-Cal ages, call to see if there are openings

Ehrhart, Jeanne DDS
(530) 546-3297   fax: 530-546-3297
8233 Rainbow Avenue, Kings Beach (Lake Tahoe)   96143
Children 4 to 17 yrs/Adult emergency Medi-Cal

Downieville

Western Sierra Dental Clinic
(530) 289-3199   fax:
209 Nevada Street, Downieville   95936
Dr. Jennifer Hays
Medi-Cal/Children ages 5 and up, sliding scale, Espanol

Open Thursdays only

Roseville

Western Dental Services & Orthodontics
1 (800) 579-3783
9450 Fairway Drive, Suite 120 Roseville
Medi-Cal, Children of all ages, Espanol

Yuba City/Marysville & Vicinity

Ampla Health, Lindhurst Family Dentistry
(530) 743-4614
4941 Olivehurst Ave. Olivehurst
Medi-Cal, 21 yrs and under, sliding scale, Espanol

Western Dental Services & Orthodontics
(530) 751-0300
727 Colusa Ave. Yuba City
Medi-Cal/Children of all ages, Espanol

Updated 1/2019
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

<table>
<thead>
<tr>
<th>CHILD’S NAME—Last</th>
<th>First</th>
<th>Middle</th>
<th>BIRTH DATE—Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS—Number, Street</td>
<td>City</td>
<td>ZIP code</td>
<td>SCHOOL</td>
</tr>
</tbody>
</table>

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.

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

IMMUNIZATION RECORD

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

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>POLIO (OPV or IPV)</td>
<td></td>
</tr>
<tr>
<td>DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular pertussis] OR (tetanus and diphtheria only)</td>
<td></td>
</tr>
<tr>
<td>MMR (measles, mumps, and rubella)</td>
<td></td>
</tr>
<tr>
<td>HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td></td>
</tr>
<tr>
<td>VARICELLA (Chickenpox)</td>
<td></td>
</tr>
<tr>
<td>OTHER (e.g., TB Test, if indicated)</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

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

RESULTS AND RECOMMENDATIONS

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.

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.

☐ 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)

Signature of parent or guardian
Date

Name, address, and telephone number of health examiner

Signature of health examiner
Date

CHDP website: www.dhcs.ca.gov/services/chdp
What is a Child’s Dental Home?
It is a place to take your child for regular dental visits.

Why Does Your Child Need a Dental Home?
♦ To help build a lifetime of healthy dental habits and good oral health.
♦ To find dental problems early before they hurt.
♦ To have a place where the dental staff knows your child’s special needs and has a record of care.
♦ To receive sealants, fluoride, and tips to prevent tooth decay.
♦ To know where to call when there’s a dental emergency.

When Should You Find a Dental Home For Your Child?
By the 1st birthday is best, but it’s never too early or too late to find a dental home.

¿Qué es un Hogar Dental Para su Niño(a)?
Es un lugar donde puede llevar a sus niño(a) regularmente a sus visitas dentales.

¿Por qué su Niño(a) Necesita un Hogar Dental?
♦ Para desarrollar hábitos dentales saludables y buena salud oral de por vida.
♦ Para detectar a tiempo problemas dentales antes de que causen dolor.
♦ Para tener un lugar donde el personal dental conozca a su niño(a) y tenga su historial de los cuidados recibidos.
♦ Para recibir sellantes, fluoruro, y consejos para prevenir caries en los dientes.
♦ Para saber adónde llamar en caso de una emergencia dental.

¿Cuando Debería Encontrar un Hogar Dental para su Niño(a)?
Sería ideal para su primer año de vida, pero nunca es muy temprano o muy tarde para encontrarle un hogar dental.

Child Health and Disability Prevention (CHDP) Program
2240 E. Gonzales Road, Suite 260
Oxnard, CA 93036
TEL: (805)981-5291 FAX:(805)658-4505
www.vchca.org/chdp

Every Child Needs a Dental Home
Todos los Niños Necesitan un Hogar Dental

For assistance in finding a dental home for you or your child contact the Nevada County Child Health and Disability Program (CHDP) or Nevada County Oral Health Program at (530) 265-1450.
**Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

**Section 1: Child’s Information (Filled out by parent or guardian)**

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
<th>City:</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Male □ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child’s race/ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other___________ □ Native Hawaiian/Pacific Islander □ Unknown</td>
</tr>
</tbody>
</table>

**Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)**

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed Dental Professional Signature</th>
<th>CA License Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 3: Waiver of Oral Health Assessment Requirement**

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- □ I am unable to find a dental office that will take my child’s dental insurance plan.
  My child’s dental insurance plan is:
  - □ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ Other ____________ □ None

- □ I cannot afford a dental check-up for my child.

- □ I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up: __________________________________________________________

If asking to be excused from this requirement: ►

<table>
<thead>
<tr>
<th>Signature of parent or guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.

Original to be kept in child's school record.
Parents/Guardians/Caretakers:

We want to encourage you to start early with the process for ensuring your child is up-to-date for his/her immunizations for school entry. If your child has a Primary Care Provider (PCP), please contact them early to make any necessary appointments for health check-ups and immunizations as the wait times for those appointments can be several months. For those without a PCP, this is a perfect time to take the steps to get your child a medical home where his/her health needs can be addressed. As a safety net, the Public Health Department will be able to provide immunizations through the Vaccines for Children (VFC) program for those who qualify (have Medi-Cal, are uninsured, or are American/Alaskan native). Please include your child’s health exam, along with all required immunizations, in your “ready-for-school” planning.

---

**NEVADA COUNTY PUBLIC HEALTH DEPARTMENT**
(530) 265-7049

**IMMUNIZATION SCHEDULE**
**EFFECTIVE JAN 2020**

**Childhood Immunizations**

**GRASS VALLEY**
Ages 0 through 18
Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
2nd & 4th Thursdays monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

Back to School Clinic
Grass Valley Veterans Building
255 South Auburn, Grass Valley
August 18, 2020 Tentative (check website)

**Adult Immunizations ONLY**
Ages 19 and over
Nevada County Public Health Dept.
500 Crown Point Circle, Grass Valley
3rd Thursday monthly, 1-4 PM
(Except Holidays)
Appointments preferred, Walk-in ok

**NORTH SAN JUAN - All Ages**
Community Center 10:00 - 11:30 AM
Thursdays - July 16, 2020
and October 15, 2020
on the above dates only!

**WASHINGTON - All Ages**
Food Bank 10:00 - 11:30 AM
Wednesdays - August 5, 2020
and November 4, 2020
on the above dates only!
PARENTS’ GUIDE TO IMMUNIZATIONS
REQUIRED FOR SCHOOL ENTRY

Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td)** — 5 doses
  (4 doses OK if one was given on or after 4th birthday.
  3 doses OK if one was given on or after 7th birthday.)
  For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

- **Polio (OPV or IPV)** — 4 doses
  (3 doses OK if one was given on or after 4th birthday)

- **Hepatitis B** — 3 doses
  (Not required for 7th grade entry)

- **Measles, Mumps, and Rubella (MMR)** — 2 doses
  (Both given on or after 1st birthday)

- **Varicella (Chickenpox)** — 2 doses

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
  (Whooping cough booster usually given at 11 years and up)

- **Varicella (Chickenpox)** — 2 doses
  (Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:
- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child’s Immunization Record as proof of immunization.
IS YOUR CHILD AT RISK FOR LEAD POISONING?

CHECK FOR LEAD IN AND AROUND YOUR HOME:

- **Paint**: Move your child’s things away from and safely repair chipping paint.
- **House Dust**: Wet wipe or mop surfaces to remove dust and dirt. Do not let your child chew on windowsills or other surfaces.
- **Bare Dirt**: Cover bare dirt outside where your child plays.
- **Vinyl Mini-Blinds**: Replace old vinyl mini-blinds and do not let your child chew on them.

- **Plumbing Materials**: Tap water is more likely to have lead if plumbing materials, including solder or service lines, contain lead. Reduce potential exposure to lead in tap water by running water until it feels cold and only drawing from the cold tap for cooking, drinking, or baby formula (if used).
- **Water From Wells**: The only way to know if your water has lead is to have it tested.

  Learn more about water testing: www.epa.gov/lead/protect-your-family-exposures-lead#testdw

- **Dishes, Pots, & Water Crocks**: Avoid using dishes, pots, and water crocks that are worn or antique, from a discount or flea market, made of crystal, handmade, or made outside the USA unless they have been tested and don’t have lead.

- **Food & Spices**: Avoid imported foods and brightly colored spices that might have lead in them, like chapulines and turmeric.
- **Candies**: Avoid recalled candies: www.cdphe.ca.gov/data/Documents/idbLiCiC07.pdf

- **Traditional Make-Up & Traditional Remedies**: These products often have lead in them: surma, azarcon, greito, pay-loo-ah. Talk to your doctor before using these or other traditional make-up or remedies (e.g., brightly colored powders, traditional Chinese or Ayurvedic remedies).

- **Toys**: Check toys for peeling paint and wash them often. Old or vinyl toys are more likely to have lead.
  Avoid recalled toys: www.cpsc.gov
- **Jewelry**: Do not let your child suck on or play with jewelry.
  Learn more: www.dtsc.ca.gov/Toxic-Jewelry-Samples.cfm

- **Lead Fishing Sinker & Lead Bullets**: Do not let your child touch lead fishing sinkers or lead bullets or casings.
- **Lead Solder**: Keep your child away from activities that use lead solder, like welding, or stained glass or jewelry making.

- **Take-Home Lead**: Avoid taking lead home from work or hobbies. If you work with lead, change out of work clothes and shoes and wash up before getting in your car or going home.
- **Home Repair/Improvement Projects**: Do not scrape or sand paint on your home unless you know your paint does not have lead in it.

For more information, go to www.cdphe.ca.gov/programs/clpppb, or call your local Childhood Lead Poisoning Prevention Program:

Susie Wambaugh, PHN - CLPPP Coordinator
Nevada County Department of Public Health
Childhood Lead Poisoning Prevention Program
T: 530-265-1460
F: 530-271-0894
susan.wambaugh@co.nevada.ca.us
Does Your Child Need A Blood Lead Test?

YES! If your child receives services from Medi-Cal, WIC, the CHDP program or CalWorks

YES! If your child has lived in or spent a lot of time at a home, child care facility or other building built before 1950

YES! If your child has lived in or spent a lot of time at a home built before 1978 with recent or ongoing repair, remodeling or damage (such as water and/or chipping and peeling paint)

YES! If your child has moved from another country or other high risk place (such as an older home) within the last 12 months

YES! If your child has a sibling or playmate with an elevated blood lead level

YES! If you or other frequent caregivers work with lead

YES! If anyone in your home uses traditional, folk, or ethnic medicines or make-up

YES! If anyone in your home eats food or candy brought from another country by family members or friends

If Your Child Needs a Blood Lead Test, When Should It Be Done?

✓ At your child’s 12 and 24 months well-child exams

✓ Any time if your child is under 6 years old and has never been tested

✓ Any time you or your child’s doctor thinks your child is at risk

For help in finding a CHDP Provider that can provide LEAD TESTING during your child’s well-child exam please call the Nevada County CHDP Program at (530)265-1460.

Together We Can Keep Kids LEAD Safe!