

Child Health and Disability Prevention (CHDP) Program
Humboldt County – Department of Health and Human Services
Public Health Branch

908 7th Street, Eureka, CA 95501

(707) 445-6210 Toll Free (800) 698-0843 Fax: (707) 476-4960

The following is a list of offices that provide CHDP examinations, including camp/sports physicals and school entry or pre-school examinations. Please note some of these offices may not accept your Medi-Cal card for other services. **When you call for an appointment, be sure to tell the office you are requesting a CHDP examination, pre-school or school examination, camp or sports physical for your child.**

Lo Siguiente es una lista de oficinas que provienen exámenes por CHDP, los exámenes incluyen físicos para deportes/campos y exámenes de entrada de escuela o pre-escuela. Por favor note que algunas de estas oficinas, puedan aceptar su tarjeta de Medi-cal por otros servicios. **Cuando llame por una cita para su hijo/a, asegúrese de decir a la oficina que usted está solicitando un examen de CHDP, sea examen pre-escuela o para la escuela, o un físico para deportes/campo.**

*Clinics with a Pediatrician

*Clínicas con un/a pediatra

EUREKA

Eureka Community Health Center	441-1624
Eureka Community Health Ctr. Peds*	269-7051
Redwood Community Health Clinic	443-4593
With Open Arms	442-0400

MCKINLEYVILLE

McKinleyville Community Health Ctr. 839-3068

ARCATA

Humboldt Open Door Clinic*	826-8610
North Country Clinic (NCC)	822-2481
United Indian Health Services	825-5000
Perinatal Services of NCC	822-1385
Mad River Healthcare Clinic	822-7041

FERNDALE/FORTUNA / RIO DELL/SCOTIA

Fortuna Family Medical Group	725-3334
Fortuna Community Health Center	725-6101
Ferndale Community Health Center	786-4028
St. Joseph Health Rural Health Clinic	725-3318
Redwood Pediatric Medical Group*	725-9355
Scotia Bluffs Community Health Center	764-5617

**WILLOW CREEK/HOOPA/ORLEANS
WEITCHPEC**

Six Rivers Medical Clinic	(530) 629-3116
Willow Creek Comm. Health Ctr.	(530) 629-3111
K'IMA:W Medical Center*	(530) 625-4261
Karuk Tribal Clinic - Orleans	(530) 627-3452
UIHS/Weitchpec	(530) 625-4300

REDWAY/GARBERVILLE

Redwoods Rural Health Center	923-2783
Southern Humboldt Community Clinic	923-3925

MOBILE SERVICES

Mobile Medical Office (for locations & appointments/ llame para locales y citas)	443-4666
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Humboldt County CHDP Dental Provider List

Child Health and Disability Prevention Program (707) 445-6210

All the dentists and clinics below accept Medi-Cal and can do a
Kindergarten Oral Health Assessment

DENTISTS

Arcata

United Indian Health Services
1600 Weott Way
Arcata CA 95521
(707) 825-5040
Tribal enrollment required

Eureka

Burre Dental Health Center
959 Myrtle Avenue
Eureka CA 95501
(707) 442-7078
Spanish

Fortuna

Open Door Fortuna Dental Clinic
3750 Rohnerville Road
Fortuna CA 95540
(707) 617-2555
Eel River Valley only

Hoopa

K'IMA: W Dental Clinic
1201 Airport Road
Hoopa CA 95546
(530) 625-4261 x311
No tribal enrollment required

Laytonville

Long Valley Dental Clinic
51 Branscomb Road
Laytonville CA 95454
(707) 984-8222 - Sliding scale

Mad River

Southern Trinity Health Services
321 Van Duzen Road
Mad River CA 95526
(707) 574-6616

Redway

Redwoods Rural Dental Clinic
71 West Coast Road
Redway CA 95560
(707) 923-4313

Weaverville

Trinity Dental Center
100 Horseshoe Lane
Weaverville CA 96093
(530) 623-8888
Clinic will see children & adult clients from
Humboldt County with Denti-Cal.
Operated by Southern Trinity Health Clinic

DENTAL HYGIENIST

Blue Lake

Michelle Johnson, RDH
Pacific Dental Hygiene Practice
695 Rancheria Road, Suite 3
Blue Lake CA 95525
(707) 266-6767

Clients – first tooth eruption to adults.
Silver diamine fluoride, fluoride varnish,
sealants and tartar plaque removal.
Hygienist does not do X-Rays or fillings

WHEN MAKING AN APPOINTMENT REMEMBER TO ASK IF THE OFFICE IS ACCEPTING YOUR INSURANCE

K – 12TH GRADE

(including transitional kindergarten)



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio ⁴	5 DTaP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicella
(7th-12th) ⁸	K-12 doses + 1 Tdap				
7th Grade Advancement ^{9, 10}	1 Tdap ⁸				2 Varicella ¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

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. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed in CA prior to 2016) in accordance with Health and Safety Code section 120335; this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose	12 months after 2nd dose and at least 4 months after 1st dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



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/DTaP/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/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

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.

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)

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

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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.

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 entreguelo 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 Audiometro (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/DTTd (difteria, tétano y [acelular] pertusis [los ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)**RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el 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)

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

*de ser indicado

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 (PHM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

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 website: www.dhcs.ca.gov/services/chdp

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/LA 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 CONSIGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.

CHDP website: www.dhcs.ca.gov/services/chdp