



Kindergarten Parents!

Kids need shots to start kindergarten and need a complete health check-up for school.

Get your child ready to learn and do his or her best!

Make an appointment for a check-up and have the doctor fill out the attached form.

Take the form back to school.

Money problems? You may qualify for a free exam. Talk to your doctor or call 225-5122. Your child is all set!

Questions? Need help finding a doctor? Shasta County Public Health, Child Health & Disability Prevention Program (CHDP) can help!

Call CHDP at 225-5122

Or 1-800-300-5122



State of California—Health and Human Services Agency
California Department of Public Health




KAREN L. SMITH, MD, MPH
Director and State Health Officer

EDMUND G. BROWN JR.
Governor

July 2, 2015 (letter revised August 24, 2015)

TO: Interested Parties

FROM: Sarah Royce, M.D., M.P.H., Chief 
Center for Infectious Diseases
Division of Communicable Disease Control, Immunization Branch

SUBJECT: **Senate Bill 277**

Governor Brown signed Senate Bill (SB) 277 on June 30, 2015. Effective January 2016, SB 277 will:

- No longer permit immunization exemptions based on personal beliefs for children in child care and public and private schools;
- Permit personal belief exemptions submitted before January 1, 2016 to remain valid until a pupil reaches kindergarten or 7th grade;
- Remove immunization requirements for:
 - Students in home-based private schools
 - Students enrolled in an independent study program who do not receive classroom-based instruction
 - Access to special education and related services specified in an individualized education program

Students in the above categories will still need to provide immunization records to their schools before entry, and schools will still need to report to the California Department of Public Health (CDPH) the immunization status of all students at the existing checkpoints of child care, kindergarten and 7th grade;

- Allow medical and personal beliefs exemptions from any new immunization requirement initiated by CDPH for attendance at school or child care.

Additional information about the implementation of **SB 277** will become available by 2016.

The language of SB 277 is available at

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB277.

The Governor's signing message is available at

http://gov.ca.gov/docs/SB_277_Signing_Message.pdf.

Immunization laws currently in effect may be found at

<http://www.shotsforschool.org/immunizationlaws/>.



**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.**



9087 Deschutes Rd.
Palo Cedro, CA 96073
Phone: 530-547-3274
Fax: 530-547-4080
www.junctionesd.net

Board Members:
Hope Bjerke
Ishmael Rivas
Tom McConnel
Ken Parisot
Heather Richards

March, 2020

Dear Parent or Guardian:

Re: New immunization requirements for 2016

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs, including religious beliefs, will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about SB 277, please see the Frequently Asked Questions available at: <http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact your [local health department](#) or [county office of education](#).

Thank you for helping us to keep our children and community healthy.

Sincerely,


Shawn Martinez

Principal

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.

Immunization Law SB 277 Requiring All Age Appropriate Immunizations at Check points starting at Childcare, Kindergarten and 7th Grade

Medical Exemption FAQ

What's required for a medical exemption to a required immunization?

A parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.

May other practitioners, besides licensed physicians (M.D.s and D.O.s), provide a medical exemption to a required immunization?

No. Only a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) may provide a medical exemption.

In contrast, the other categories of licensed or credentialed practitioners in California previously authorized through 2015 to sign requests for personal beliefs exemptions (e.g., Nurse Practitioner, Physician Assistant, Naturopathic Doctor, or School Nurse) may not provide medical exemptions.

Is there a standardized form for medical exemptions?

No, but the documentation must include the elements described in question 17.

Are licensed physicians required to assist in requests for medical exemptions?

A licensed physician may provide a medical exemption but is not required to do so. Parents or guardians seeking medical exemptions should check with physicians in advance to clarify their policies on medical exemptions.

SHASTA COUNTY DOCTORS & CLINICS - 2019
That Provide CHDP Health Assessments
Shasta County Public Health — CHDP Program 225-5122 or 1-800-300-5122

These providers may have room for Medi-Cal patients. Some offices may have age limits on children. **Please call the office for specific information.**

| | | |
|---|---|---|
| ANDERSON | COTTONWOOD | REDDING (Continued) |
| Anderson Medical Associates 2830 East St. 530-365-2545 | Lassen Medical Group 20833 Long Branch Dr. 530-347-3418 | Mercy Family Health Center 2480 Sonoma St. 530-225-7800 |
| Anderson Walk-in Clinic 3082 McMurray Dr. 530-378-1182 | FALL RIVER MILLS | Redding Rancheria Tribal Health 1441 Liberty St. 530-224-2700 |
| Shasta Community Health Center 2965 East St. Anderson, CA 96007 530-378-0486 | 530-336-6535 | (Native Americans and their households) |
| BURNEY | REDDING | ROUND MOUNTAIN |
| Burney Health Center 37491 Enterprise Dr. 530-335-5457 | Churn Creek Health Center 3184 Churn Creek Rd. 530-224-2700 or 530-768-2436 | Hill Country Health & Wellness 29632 Hwy 299E 530-337-6243 |
| Pit River Health Services 36977 Park Ave. 335-3651 or (800) 843-7447 | Hill Country Health & Wellness 317 Lake Blvd., Suite A 530-241-4100 | SHASTA LAKE CITY |
| | Hill Country Health & Wellness 1401 Gold St. 530-319-7066 | Shasta Community Health Center 4215 Front St. 530-246-5896 |
| | | SHINGLETOWN |
| | | Shingletown Medical Center 31292 Alpine Meadows 530-474-3390 |



PARENTS!
PLAN AHEAD!

**Give Your Child a
 Healthy Start**



**Children starting
 Kindergarten or
 First Grade need a
 Health Exam
 And
 Immunizations**

Shasta County Public Health
 Child Health & Disability
 Prevention - CHDP
 (530) 225-5122

Vaccination Clinic Hours:

| | |
|---|-----------------------|
| Redding-Main Office 2650 Breslauer Way 530-225-5591 | |
| Monday* | 8-11 am and 1-4:30 |
| Tuesday* | 8-11 am and 1-4:30 pm |
| Wednesday | 8-11 am |
| Thursday | 4-6:30 pm |
| Friday* | 8-11 am |
| *TB skin testing days-no appointment needed | |

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/DT/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) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

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)*

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.

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

Junction Elementary School District

Clay Ross, Superintendent
Shawn Martinez, Principal



9087 Deschutes Rd.
Palo Cedro, CA 96073
(530) 547-3274
(530) 547-4080 Fax
www.junctionesd.net

Board Members:
Hope Bjerke
Heather Richards
Brandi Lockhart
Ken Parisot
Tom McConnel

Oral Health Notification Letter

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form from the front office or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

If you have questions about the new oral health assessment requirement, please contact the school office.

Sincerely,


Shawn Martinez

Principal

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)

| | | | |
|-----------------------|--|-----------------|---|
| Child's First Name: | Last Name: | Middle Initial: | Child's birth date: |
| Address: | | | Apt.: |
| City: | | | ZIP code: |
| School Name: | Teacher: | Grade: | Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent/Guardian Name: | Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown | | |

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

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

| | | | |
|--|--|--|--|
| Assessment Date: | Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No | Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No | Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) |
| | | | |
| _____ <i>Licensed Dental Professional Signature</i> | | _____ <i>CA License Number</i> | _____ <i>Date</i> |

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: ► _____
Signature of parent or guardian
Date

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.



Child Health & Disability Prevention Program (CHDP)

(530) 225-5122

CHDP Health Assessment Providers

These Providers may have room for Medi-Cal patients. Some offices may have age limits on children. **Please call the office for specific information.**

ANDERSON

Anderson Medical Associates
2830 East St.
530-365-2545

Anderson Walk-in Clinic
3082 McMurray Dr.
530-378-1182

Shasta Community Health
Center
2965 East St.
Anderson, CA 96007
530-378-0486

BURNEY

Burney Health Center
37491 Enterprise Dr.
530-335-5457

Pit River Health Services
36977 Park Ave.
335-3651 or (800) 843-7447

COTTONWOOD

Lassen Medical Group
20833 Long Branch Dr.
530-347-3418

FALL RIVER MILLS

Fall River Valley Health Clinic
43658 State Hwy 299E
530-999-9020

REDDING

Churn Creek Health Center
3184 Churn Creek Rd.
530-224-2700 or 530-768-2436

Hill Country Health & Wellness
317 Lake Blvd., Suite A
530-241-4100

Hill Country Health & Wellness
1401 Gold St.
530-319-7066

Mercy Family Health Center
2480 Sonoma St.
530-225-7800

REDDING (Continued)

Redding Rancheria Tribal
Health
1441 Liberty St.
530-224-2700
(Native Americans and their households)

Shasta Community Health
Center
1035 Placer St.
530-246-5710

ROUND MOUNTAIN

Hill Country Health & Wellness
29632 Hwy 299E
530-337-6243

SHASTA LAKE CITY

Shasta Community Health
Center
4215 Front St.
530-246-5896

SHINGLETOWN

Shingletown Medical Center
31292 Alpine Meadows
530-474-3390

Child Health & Disability Prevention Program (CHDP)

(530) 225-5122



Shasta County Denti-Cal Dentists

This list is in alphabetical order by region and name. Some offices may or may not have room for patients at the present time. Please call the office for specific information. If you would like help locating other dentists in Shasta County, please call the Denti-Cal number: 1-800-322-6384

ANDERSON:

Anderson Family Health & Dental
Center
2965 East St.
(530) 365-3147

BURNEY:

Pit River Health Services, Inc.
36977 Park Ave.
(530) 335-3651 or
(800) 843-7447 Ext. 2

Mountain Valleys Health Centers
Burney Dental Center
20615 Commerce way
(530) 335-3521

REDDING:

David Lee, D.D.S.
2138 Court St., Suite A
(530) 241-1129 (Children 16+)

Li Min Hou, D.D.S.
1627 Hilltop Dr., Suite A
(530) 223-2989
(Only extractions/dentures)

REDDING Continued:

Lila Wilson, D.D.S.
2100 Hilltop Dr., Suite A
(530) 605-3350
(Children ages 4-12)

Redding Rancheria Tribal Health
Dental Clinic
1441 Liberty St.
(530) 226-1750
(Native Americans and their
households)

Shasta Community Health Center
Dental Clinic
1400 Market St. RM #8103
(530) 247-7253

Western Dental Centers
1350 Churn Creek Road Ste. 135
(530) 224-9700 or (530) 510-4963

Candace L. Crowden RDHAP
2051 Hilltop Dr., A-06
Redding, CA 96002
(530) 945-4029
(Home visits)

ROUND MOUNTAIN:

Hill Country Community Clinic
29632 State Hwy 299 E
530-337-5750 Ext. 3

SHASTA LAKE CITY:

Shasta Lake Family Health &
Dental Center
4215 Front St.
(530) 276-9129

TEHAMA COUNTY RED BLUFF:

Northern Valley Indian Health, Inc.
2500 Main St.
(530) 529-2657 Ext. 4
(All patients welcome)

Greenville Rancheria Dental
343 Oak St.
(530) 528-3488
(All patients welcome)



Child Health & Disability Prevention Program (CHDP)

(530) 225-5122

Medi-Cal/VSP Eye Doctors

These optometrists may have room for Medi-Cal patients. Some offices may have age limits on children.

Please call the office for specific information.

ANDERSON

Daniel Bernet, O.D.
2890 Ventura St.
Anderson, CA 96007
(530) 365-6471
VSP/Medi-Cal

BURNEY

Henry Patterson, O.D.
37333 CA-299
Burney, CA 96013
(530) 335-2233
VSP/ Medi-Cal

COTTONWOOD

Michael Farrar, O.D.
3650 Main St., Ste C
Cottonwood, CA 96022
(530) 347-7347
VSP/Medi-Cal

REDDING

Janani Lannin, O.D.
1950 Court St.
Redding, CA 96001
(530) 241-0778
VSP/Med-Cal

Thomas Ward, O.D.
2132 Eureka Way
Redding, CA 96001
(530) 244-4234
VSP/Medi-Cal

Richard Martin, O.D.
2005 Court St., Ste A
Redding, CA 96001
(530) 605-4230
VSP/Medi-Cal

Enterprise Optometry Center
Mitch Martin, O.D.
3080 Victor Ave.
Redding, CA 96002
(530) 222-3166
VSP/Medi-Cal

REDDING (Continued)

Richard Martin, O.D.
2005 Court St., Ste A
Redding, CA 96001
(530) 605-4230
VSP/Medi-Cal

Site for Sore Eyes
555 E Cypress Ave.
Redding, CA 96002
(530) 722-9992
VSP

Costco Vision Center
1300 Dana Dr.
Redding, CA 96001
(530) 222-3166
VSP

SHASTA LAKE

Dan's Optical
4624 Shasta Lake Dam Blvd.
Shasta Lake, CA 96019
(530) 275-8581
VSP/ Medi-Cal



Child Health & Disability Prevention Program (CHDP) (530) 225-5122



Audiologists accepting Medi-Cal

These Audiologists *may not* be accepting new clients *please call* to find out.

Audiology Associates

Rita McWilliams, Au.D.
3328 Churn Creek Rd. Ste. A
Redding, CA 96002
(530) 221-7380

Audiology Services

Angela Batini, M.S.
2510 Airpark Dr. Ste 101
Redding, CA 96001
(530) 241-6656

Redding Hearing Institute

499 Hemsted Dr. Ste. A
Redding, CA 96002
(530) 226-3320

