Fresno County Superintendent of Schools

Department of Health Services

District Medical Forms Requisition

District/School:_____ **Requested by**:_____ **Ph:**_____ **Date needed**:_____

District Approval:_____ **County Truck delivery day to your district**:_____

Complete this form and return to Health Services by EMAIL: rstoner@fcoe.org. **Several forms are available free of charge at the following website: http://www.fcoe.org/departments/health-services (click on District Forms).**

QUANTITY

English	Spanish	Hmong	DESCRIPTION OF FORM	COST PER UNIT	UNIT	TOTAL AMOUNT
			Annual Report of Hearing Testing (PM100)*	N/C	ea	
	n/a	n/a	Annual Oral Health Report AB1433	N/C	ea	
	n/a	n/a	Audiograms, Multiple	$1.00	25	
		n/a	Authorization for Release & Exchange of Information ***English & Spanish***	$2.00	25	
			CHDP Parent Letter ***English, Spanish & Hmong***	$2.00	25	
	combined	n/a	**CHDP **Report** of Health Exam (***English & Spanish combined***)	$2.00	25	
	combined	n/a	**CHDP **Waiver** of Health Exam (***English & Spanish combined***)	$2.00	25	
			Color Vision Screening Parent Letter ***English, Spanish & Hmong***	$1.50	25	
		n/a	Communicable Disease Exposure Parent Letter ***English & Spanish***	$2.00	25	
	n/a	n/a	Confidential Pupil Health **Progress Notes**	$1.50	25	
	n/a	n/a	Confidential Pupil Health Record **Folder**	$68.00	100	
		n/a	Health Referral ***English & Spanish***	$2.00	25	
	n/a	n/a	Health and Developmental History	$5.50	25	
		n/a	Immunization Referral (NCR) ***English & Spanish***	$4.50	25	
		n/a	Medical Guidelines for Parents & School Joint Responsibility ***English & Spanish***	$2.00	25	
		n/a	Medication @ School ***English & Spanish***	$2.00	25	
	n/a	n/a	Medication in School Yearly Calendar	$1.00	ea	
	combined	n/a	Minor Head Injury Parent Notification (***English & Spanish combined***)	$2.00	25	
			Oral Health Requirement Parent Letter ***English, Spanish & Hmong***	$2.00	25	
			Oral Health Assessment Parent Form ***English, Spanish & Hmong***	$2.00	25	
	n/a	n/a	Pupil Referral to Health Office	$2.25	50	
	n/a	n/a	Report of Injuries & Visits to Health Office	$2.00	25	
		n/a	Scoliosis Screening Parent Notification ***English & Spanish***	$2.00	25	
	n/a	n/a	Scoliosis Screening Worksheet	$2.00	25	
		n/a	Vision Referral ***English & Spanish***	$2.00	25	
	n/a	n/a	Vision Worksheets	$2.00	25	

*Annual Report of Hearing Testing may be downloaded from the following website:
http://www.dhcs.ca.gov/services/hcp/Pages/AnnualReportPM100.aspx

**CHDP information, brochures and forms can be found at the following website:
http://www.dhcs.ca.gov/services/chdp/Pages/default.aspx

Reimbursement is through district transfers, Inter-Program for departments, or purchase orders. The price listed on each item is current, but may be subject to change. Call 265-3025 with questions or concerns.

Sub-Total	
TAX 8.350%	
GRAND TOTAL	

For office use only

Budget Code: 0100-00000-0-0000-0000-868900-0332-035

Date Completed:_____

Initials:_____

Rev.9.8.25