

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](mailto: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 <b>English &amp; Spanish</b>	\$2.00	25	
			CHDP Parent Letter <b>English, Spanish &amp; Hmong</b>	\$2.00	25	
combined		n/a	**CHDP <b>Report</b> of Health Exam ( <b>English &amp; Spanish combined</b> )	\$2.00	25	
combined		n/a	**CHDP <b>Waiver</b> of Health Exam ( <b>English &amp; Spanish combined</b> )	\$2.00	25	
			Color Vision Screening Parent Letter <b>English, Spanish &amp; Hmong</b>	\$1.50	25	
		n/a	Communicable Disease Exposure Parent Letter <b>English &amp; Spanish</b>	\$2.00	25	
	n/a	n/a	Confidential Pupil Health <b>Progress Notes</b>	\$1.50	25	
	n/a	n/a	Confidential Pupil Health Record <b>Folder</b>	\$66.00	100	
		n/a	Health Referral <b>English &amp; Spanish</b>	\$2.00	25	
	n/a	n/a	Health and Developmental History	\$5.50	25	
		n/a	Immunization Referral (NCR) <b>English &amp; Spanish</b>	\$4.50	25	
		n/a	Medical Guidelines for Parents & School Joint Responsibility <b>English &amp; Spanish</b>	\$2.00	25	
		n/a	Medication @ School <b>English &amp; Spanish</b>	\$2.00	25	
	n/a	n/a	Medication in School Yearly Calendar	\$1.00	ea	
combined		n/a	Minor Head Injury Parent Notification ( <b>English &amp; Spanish combined</b> )	\$2.00	25	
			Oral Health Requirement Parent Letter <b>English, Spanish &amp; Hmong</b>	\$2.00	25	
			Oral Health Assessment Parent Form <b>English, Spanish &amp; Hmong</b>	\$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 <b>English &amp; Spanish</b>	\$2.00	25	
	n/a	n/a	Scoliosis Screening Worksheet	\$2.00	25	
		n/a	Vision Referral <b>English &amp; Spanish</b>	\$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.

<b>Sub-Total</b>	
<b>TAX 8.350%</b>	
<b>GRAND TOTAL</b>	

**For office use only**

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

Date Completed: \_\_\_\_\_

Initials: \_\_\_\_\_