

# San Joaquin County Public Health Services

Child Health & Disability Prevention



Gateway To Health Coverage

## Spring 2014 Newsletter

### E-Cigarettes: Gateway Drug for Youth?

Over the past 50 years, great strides have been made in the fight against smoking and tobacco use. Unfortunately, emerging technologies, such as e-cigarettes, could reverse these positive trends, especially among youth.

Electronic cigarettes (e-cigarettes) are battery-operated devices that allow the user to inhale a vaporized liquid nicotine solution and simulates the act of smoking. Since e-cigarettes do not contain tobacco, they are not regulated like tobacco products, including the advertisement and sale to minors. They are widely sold online and there are a number of shops in Stockton that specialize in e-cigarettes and related accessories.

Data from the National Youth Tobacco Survey (NYTS) show marked increases in e-cigarette and conventional cigarette use between 2011 and 2012.<sup>1</sup> This is especially concerning due to the potential negative impact of nicotine on adolescent brain development, as well as the risk for nicotine addiction and initiation of the use of conventional cigarettes or other tobacco products. Additionally, the long-term effects of e-cigarette use remain to be researched. CHDP providers should inquire about e-cigarette use and warn of their potential harm alongside questions and anticipatory guidance for tobacco use. For more information, visit [www.trdrp.org](http://www.trdrp.org). To contact the Smoking & Tobacco Outreach/Prevention Program in San Joaquin County, call (209) 468-2415.

### Preventing Tooth Decay with Fluoride

Substantial research has been conducted on the relationship between fluoride and the prevention of dental caries.<sup>2</sup> It is highly effective in preventing the onset of dental caries as well as arresting incipient decay. Although fluoride can act systemically, the primary mode of action in preventing caries is topical.

One especially effective method of topical fluoride in children and infants is fluoride varnish application. Evidence shows that fluoride varnish prevents 33-46% of dental caries with an even higher efficacy of 58% in high risk children.<sup>2</sup> When prescribed, fluoride varnish can be applied to teeth in medical offices, clinics, and community settings by medical staff trained in fluoride varnish application. It does not require a dental setting or specialized dental equipment or supplies.

**An excellent training on the application of fluoride varnish has been developed by the CHDP Oral Health Subcommittee and is available on the state CHDP website ([www.dhcs.ca.gov/services/chdp](http://www.dhcs.ca.gov/services/chdp)), free of charge.** This training can be conducted by CHDP staff or as a provider self-training module. If you have any questions about fluoride varnish, these training materials or would like to schedule a training, please contact Krysta Titel at 468-8918 or [ktitel@sjcphs.org](mailto:ktitel@sjcphs.org).

### Health Exam for School Entry

Thank you to our CHDP providers, principals, health administrators, school nurses and clerks for making sure students start school healthy and ready to learn. The Health Examination for School Entry includes a well-child check-up and necessary immunizations before first grade entry, demonstrating the importance of health to learning.

This school year, 85.7% of students entering first grade (in districts who submitted an annual report) received a health exam, and 99.1% of students entering first grade submitted a report of health exam or waiver. Special recognition goes to Escalon, Manteca, New Hope and Oak View school districts where 100% of students entering first grade submitted a report of health exam or waiver.

CHDP providers continue to be a valuable resource in administering health exams and immunizations for children entering school. For more information about the School Health Examination Annual Report, please contact Krysta Titel at 468-8918 or [ktitel@sjcphs.org](mailto:ktitel@sjcphs.org).

<sup>1</sup>Centers for Disease Control and Prevention. Notes from the Field: Electronic Cigarette Use Among Middle and High School Students — United States, 2011–2012. Accessed 4/3/14 at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm\\_s\\_cid=mm6235a6\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm_s_cid=mm6235a6_w)

<sup>2</sup>Fluoride and dental caries prevention in children. Pediatrics in Review. Accessed 2/26/14 at <http://www.cdph.ca.gov/programs/MCAHOraHealth/Documents/MO-OHP-FluorideandDentalCariesPreventioninChildren-PediatricsinReview.pdf>

*“Breastfeeding is the one thing we can do to equalize the effects of poverty.”*

*-James Brown*



## Breastfeeding Support at Public Health Services (PHS) WIC

Did you know that the San Joaquin County PHS WIC Program has International Board Certified Lactation Consultants (IBCLC) on staff offering a variety of lactation services to mothers and their babies? PHS WIC is committed to the promotion, protection and support of breastfeeding as we believe that it is the best feeding method for our babies.

We encourage all prenatal mothers to breastfeed their infants by providing evidence-based breastfeeding education and postpartum lactation support. We also have a Breastfeeding Peer Counselor Program that offers mother-to-mother support. As a clinician, you play a key role in promoting and supporting breastfeeding and we are here to help! WIC can serve as a convenient referral resource for patients who need help and support with breastfeeding. For more information about the PHS WIC Program, please contact our WIC office at 209-468-3280.

*\*Article provided by Priti Rane, Public Health Services WIC Coordinator*

## Safe Sleep Environment: Addressing Infant Mortality Caused by SIDS and Suffocation

In a 2011 policy statement, the American Academy of Pediatrics (AAP), stated that “despite a major decrease in the incidence of sudden infant death syndrome (SIDS) since [the early 1990s],...other causes of sudden unexpected infant death that occur during sleep (sleep-related deaths), including suffocation, asphyxia, and entrapment, and ill-defined or unspecified causes of death have increased.” Additionally, research has demonstrated that many of the modifiable and nonmodifiable risk factors for SIDS and suffocation are strikingly similar. As such, the AAP released an expanded set of recommendations focusing on the subset of sudden unexpected deaths in infancy that occur during sleep. The following recommendations should be discussed with all expecting and delivered parents. For more information on these recommendations, visit [www.cdph.ca.gov/programs/SIDS](http://www.cdph.ca.gov/programs/SIDS).

### Share These Recommendations with ALL Families:

1. Back to sleep for every sleep by every caregiver until 1 year of life
2. Use a firm sleep surface (i.e. a firm mattress, covered by a fitted sheet)—Infants should not be placed for sleep on beds because of the risk of entrapment and suffocation
3. Room-sharing without bed-sharing is recommended—because of the extremely high risk of SIDS and suffocation on couches and armchairs, infants should not be fed on a couch or armchair when there is a high risk that the parent might fall asleep
4. Keep soft objects and loose bedding out of the crib to reduce the risk of SIDS, suffocation, entrapment, and strangulation
5. Pregnant women should receive regular prenatal care
6. Avoid smoke exposure during pregnancy and after birth
7. Avoid alcohol and illicit drug use
8. Breastfeeding is recommended—the protective effect of breastfeeding increases with exclusivity, however any breastfeeding has been show to be more protection against SIDS than no breastfeeding
9. Consider offering a pacifier at nap time and bedtime—for breastfed infants, delay pacifier introduction until breastfeeding has been firmly established, usually by 3 to 4 weeks of age
10. Avoid overheating—parents should evaluate the infant for signs of overheating, such as sweating

## Vaccines Protect Everyone

Vaccines are one of the greatest public health success stories in history. Serious outbreaks of disease can occur in communities when the people, including CHDP patients and families, are not protected against contagious diseases. Vaccines can protect everyone. As many as 16 serious diseases, such as polio, whooping cough (Pertussis), tetanus, chickenpox and measles, can be prevented by recommended, routine immunizations.

Immunizations have a long, safe, history and have increased the lifespan about 30 years for residents of the United States. Immunizations begin as early as birth to protect infants from disease as soon as possible. Long lasting protection may require many immunizations over several months or years and a booster may be necessary to give long term protection.

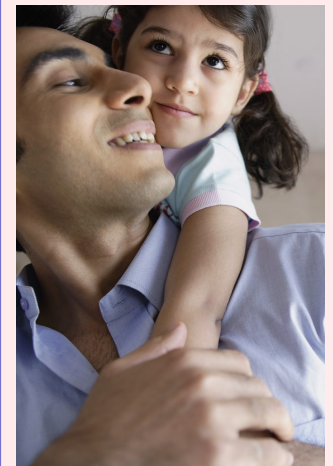
Avoiding, spreading out, or not following the recommended immunization schedule can result in serious illness or disease, or worse, death. Encourage all CHDP patients and families to be vaccinated according to the CDCs recommended schedule which can be viewed at:

- For birth—6 years: <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>
- For ages 7-18 years: <http://www.cdc.gov/vaccines/schedules/easy-to-read/preteen.html>
- For ages 19 years and older: <http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>

*\*Article Provided by Kelly Austin, Public Health Services Immunization Program Coordinator*

*“Make sure your family and students are protected.”*

*-California Department of Public Health*



## The Toll of the Anti-Vaccination Movement

The Global Health Program at the Council on Foreign Relations created the graphic at the right from data collected since 2008 on vaccine-preventable outbreaks. The red, brown and blue dots represent Measles, Mumps, and Rubella, respectively. The green dots, that cover most of the United States, represent Whooping Cough. To access this interactive map, click on the graphic or visit [http://www.cfr.org/interactives/GH\\_Vaccine\\_Map/#map](http://www.cfr.org/interactives/GH_Vaccine_Map/#map).



As of January 1, 2014, with the passing of Assembly Bill (AB) 2109, parents in California who wish to receive a personal belief exemption from immunizations for their children must complete specific documentation. A health care practitioner must sign the documentation indicating that they have informed the parents of the benefits and risks of immunization, as well as the health risks to the child and the community of the communicable disease for the which the immunization is required. For more information about the Personal Beliefs Exemption and copies of the form, visit [www.shotsforschool.org](http://www.shotsforschool.org). The form is also included as *Attachment A*.

# Announcements

## Friendly Reminders about the PM160 CHDP Hearing Screens: Tips & Techniques

Hearing loss seriously affects a child’s ability to learn the appropriate language, speech, and social skills needed to function in their environment. A child with undiagnosed hearing loss may feel isolated from their environment and be at risk for learning and behavioral problems. **A CHDP hearing screen is important in diagnosing hearing loss and is required on every well child check-up.**

Start CHDP hearing screenings at age three in a quiet, “child- friendly” area to reduce the number of “uncooperative” screening attempts. Several useful screening techniques to keep in mind are:

- Smile. Talk to the child. Remember, any child may be anxious and crying.
- Avoid words like “test”. With young children, choose phrases like “Let’s play a listening game”.
- Demonstrate how to wear the headset, how to push the button, and what the beep sounds like before you put the head set on children.
- Keep facial expressions pleasant during screening and avoid saying, “Did you hear that?” Simply record the results while reassuring that child is doing “great”. This is a screening only.
- Use 25dB for testing at 1000, 2000, 3000, and 4000 Hz in both left and right ears. Use the pulsating tone only.
- A recheck, can be scheduled in 4-6 weeks if the child does not pass the screening. If the child does not pass the second screening, the physician should refer the child to an audiologist for diagnostic testing.
- Record results on a screening chart, not a diagnostic chart (*Attachment B*)
- Practice gripping the ear muffs, stretching and sliding them over the temple area to cover the ears. This action simultaneously brushes the hair away from the face and makes the head set easier to remove. Remove the headset by placing thumbs in the head set brackets, stretching the headset straight out, and lifting up to prevent pulling the hair.

Don’t forget to ask parents if they are exposing small children to loud music in cars or homes and discuss with teens the relationship of hearing loss to loud music.

Refer to *Attachment C* for a sample PM 160 with the results of a hearing screen recorded. For additional questions, contact Donna Skidgel, PHN, at 468-8922 or [dskidgel@sjcphs.org](mailto:dskidgel@sjcphs.org).

### Connecting the Community for a Healthier Tomorrow

#### FREE Community Health Forum

Saturday, May 17, 2014  
10AM—2PM

Stockton Memorial Civic Auditorium

**FREE** food demonstrations, health screenings,  
information booths and smoothie tasting!

See attached flyer for details

### CHDP Newsletter Team

Children’s Medical Services Medical Director	Judy A. Cook, MD
Children’s Medical Services Administrator	Marianne Hernandez, PHN, MSN, CNS
CHDP Deputy Director	Surbhi Jayant, PHN, MSN
CHDP Public Health Educator	Krysta Titel, MPH
CHDP Provider Relations	Jay Chevalier, PHN II Donna Skidgel, PHN II
CHDP Foster Care Coordination	Sue Gibson, Senior PHN Lois Woolegge, PHN II Charlene Devera PHN I
CHDP Outreach & Support	Xia Lo





# PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____/____/____	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

## A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one):  M.D./D.O.  Nurse Practitioner  Physician Assistant  Naturopathic Doctor  Credentialed School Nurse

**Provision of information:** I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

\_\_\_\_\_  
Signature of authorized health care practitioner

\_\_\_\_\_  
Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

## B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

### I. Check one of the boxes below:

- Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date - within 6 months before entry to child care or school

### II. AFFIDAVIT

**Immunizations already received:** I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

**Immunizations for which exemption is requested:** An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> <b>Haemophilus influenzae type b</b> (Hib meningitis)
Child Care and K-12 <sup>th</sup> Grade	<input type="checkbox"/> <b>DTaP</b> (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> <b>Hepatitis B</b> <input type="checkbox"/> <b>MMR</b> (Measles, Mumps, Rubella) <input type="checkbox"/> <b>Polio</b> <input type="checkbox"/> <b>Varicella</b> (Chickenpox)
7 <sup>th</sup> Grade Advancement (or admission at 7-12 <sup>th</sup> Grade)	<input type="checkbox"/> <b>Tdap</b> (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

## APPROVED CHDP SCREENING AUDIOGRAM

<i>Child's Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Age</i>	<i>Date</i>
<i>Place of Screening</i>	<i>Audiometer</i>	ANSI		<i>Date last Calibrated</i>

(Date of) 1st Screen	1000   2000   3000   4000 <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					1000   2000   3000   4000 <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Left Ear
Right Ear	1000   2000   3000   4000 <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					1000   2000   3000   4000 <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Left Ear
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A Check mark indicates that the child responded at a level not exceeding 25dB

A hash mark indicates that the child did NOT respond at the screening level.

*Comments:* \_\_\_\_\_

*Referred to:* \_\_\_\_\_

## APPROVED CHDP SCREENING AUDIOGRAM

<i>Child's Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Age</i>	<i>Date</i>
<i>Place of Screening</i>	<i>Audiometer</i>	ANSI		<i>Date last Calibrated</i>

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A Check mark indicates that the child responded at a level not exceeding 25dB

A hash mark indicates that the child did NOT respond at the screening level.

*Comments:* \_\_\_\_\_

*Referred to:* \_\_\_\_\_

**Attachment C**

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

**STAPLE  
HERE**

DO NOT STAPLE  
IN BAR AREA

PLEASE PRINT	PATIENT NAME (LAST) (FIRST) (INITIAL)			MEDICAL RECORD NO.			L.A. Code	94 09773354 J			
	DOE JANE			1234567890			05				
	Mo.	Day	Year	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE			CO. CODE	TELEPHONE NUMBER	NEXT CHDP EXAM
	02	25	01	6Y	F	COUNTY			19	(310) 555-1212	07 01 10
	RESPONSIBLE PERSON (NAME)			(STREET)			(APT/SPACE #)	(CITY)	(ZIP)	Ethnic Code	
	AMY DOE			1234 OAK STREET				TOWN	90022	6	

**CHDP ASSESSMENT**  
Indicate outcome for each screening procedure

NO PROBLEM SUSPECTED	REFUSED, CONTRA-INDICATED, NOT NEEDED	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE	FEE
√ A	√ B	NEW C	KNOWN D	07 01 07	

- FOLLOW UP CODES**
- NO DX/RX INDICATED OR NOW UNDER CARE.
  - QUESTIONABLE RESULT, RECHECK SCHEDULED.
  - DX MADE AND RX STARTED
  - DX PENDING/RETURN VISIT SCHEDULED.
  - REFERRED TO ANOTHER EXAMINER FOR DX/RX.
  - REFERRAL REFUSED

01 HISTORY and PHYSICAL EXAM	✓				01 42.12
02 DENTAL ASSESSMENT/REFERRAL	✓				
03 NUTRITIONAL ASSESSMENT	✓				
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION	✓				
05 DEVELOPMENTAL ASSESSMENT	✓				
06 SNELLEN OR EQUIVALENT	✓				06 5.04
07 AUDIOMETRIC			4		07 11.60
08 HEMOGLOBIN OR HEMATOCRIT	✓				08 3.01
09 URINE DIPSTICK	✓				09 2.87
10 COMPLETE URINALYSIS		✓			10
12 TB MANTOUX		✓			12

REFERRED TO:	TELEPHONE NUMBER

**COMMENTS/PROBLEMS**

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

07 Failed Hearing in **R** ear at 4000 Hz  
passed Hearing in **L** ear  
Recheck scheduled 08/07/07, 3:00pm

HEIGHT IN INCHES	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
048 1/4	055	09	80	90/60
HEMOGLOBIN	HEMATOCRIT		BIRTH WEIGHT LBS	OZS
12	1	.0%		

ROUTINE REFERRAL(S) (✓)	PATIENT IS A FOSTER CHILD (✓)
<input type="checkbox"/> BLOOD LEAD	<input type="checkbox"/>
<input checked="" type="checkbox"/> DENTAL	

GIVEN TODAY		NOT GIVEN TODAY	
NOW UP TO DATE FOR AGE	STILL NOT UP TO DATE FOR AGE	ALREADY UP TO DATE FOR AGE	REFUSED OR CONTRA-INDICATED
A	B	C	D

DIAGNOSIS CODES	
1	2

**IMMUNIZATIONS**  
PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

**THE QUESTIONS BELOW MUST BE ANSWERED**

- Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes  No
- Tobacco Used by Patient. Yes  No
- Counseled About/Referred For Tobacco Use Prevention/Cessation. Yes  No

PATIENT VISIT (✓)	TYPE OF SCREEN (✓)	TOTAL FEES
<input type="checkbox"/> New Patient or Extended Visit	<input checked="" type="checkbox"/> Routine Visit	64.64
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Periodic	

**SERVICE LOCATION:** Name, Address, Telephone Number (Please Include Area Code)

**PROVIDER NUMBER** N P I N U M B E R

**PLACE OF SERVICE** 11

Your Facility/Provider Name  
Your Street Address  
City, State, 9-digit Zipcode  
Your telephone number

Enrolled in WIC  Referred to WIC

NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

PARTIAL SCREEN  SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY	COUNTY	AID	IDENTIFICATION NUMBER
19	8W	5458967156	

This is to certify that the screening information is true and complete, and the results explained to the child or his parent or guardian. I understand that payment and satisfaction of this claim may be from Federal or State funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable Federal or State law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

Examiner Signature \_\_\_\_\_ DATE 07/01/07

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

Medi-Cal/CHDP  
P.O. Box 15300  
Sacramento, CA 95851-1300



**FREE - Community Health Forum**  
**Connecting the Community for a  
Healthier Tomorrow**  
**Saturday, May 17, 2014**

Stockton Memorial Civic Auditorium  
525 N. Center St, Stockton CA 95202  
10 AM – 2 PM

Registration Required by May 2, 2014

**Be Inspired by These Dynamic Speakers:**



**Manuel V. Scott, Original Freedom Writer!**

Hear an inspiring story from an original “Freedom Writer” about how he changed his environment to improve his wellbeing. His story is included in the feature film, *Freedom Writers!*



**Michael Marks, Your Produce Man!**

As seen on *Good Day Sacramento!*  
Learn tips on how to pick the best produce, store it, and get tasty recipe ideas.



**Nikki Shaw, The Sensible Chef and  
Radio Host of *Today's Flavor!***

See a healthy cooking demonstration and hear advice on how to make smart food choices and stay physically active.

**Other Activities:**

**FREE Food Demonstrations!**  
**FREE Health Screenings!**  
**FREE Information Booths!**  
**FREE Smoothie Tasting!**



**FREE Lunch for those who  
register by May 2, 2014!**

**REGISTRATION REQUIRED AT:** <http://bit.ly/chforum>

**OR CALL:** 209-468-8637



For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP, an equal opportunity provider and employer. Visit [www.cachampionsforchange.net](http://www.cachampionsforchange.net) for healthy tips.

SAN JOAQUIN COUNTY  
**Public Health Services**  
Healthy Future