



# San Joaquin County Public Health Services



## Child Health and Disability Prevention Program

Spring 2016 Newsletter

### Public Health Services Now Offering HIV Pre-Exposure Prophylaxis

As of February 2016, San Joaquin County Public Health Services (PHS) is offering Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP). PrEP is a once daily pill called Truvada (a combination of tenofovir and emtricitabine) for people who do not currently have HIV, but are at an increased risk of contracting it. Truvada must be taken every day and is most beneficial when used with other sexually transmitted disease (STD) transmission prevention methods, such as condoms. The newly available appointments are for counseling and determining eligibility for PrEP based on the individual's risk factors and overall health.

For any questions or to make an appointment, please call 209-468-3830. Appointments can also be made in person at PHS located at 1601 East Hazelton Avenue, Stockton.

*For more information on PrEP, please visit these websites:*  
<http://www.cdc.gov/hiv/basics/prep.html>

### The Facts on Water Chloramination

Recently, the City of Stockton has switched from using chlorine to monochloramine in order to disinfect north Stockton drinking water. The change was approved by City Council two years ago. This move was in response to previous concerns of chlorine mixing with organic material in the water and forming high levels of disinfection by-products that can cause illness after extended periods of consumption. Chloramine produces fewer of these by-products and persists longer in the water. According to the U.S. Centers for Disease Control and Prevention (CDC), current studies show that ingesting water with legally allowed and monitored amounts of chloramine present, 1 – 4 mg/L, does not cause detrimental side effects and protects against waterborne diseases. There has been no evidence of ill health effects with levels less than 50 mg/L.

Many cities, including Tracy, San Francisco, and Los Angeles, use chloramines to disinfect their water. In fact, chloramination has been used in the U.S. for more than 90 years and is used to disinfect more than 20% of the total drinking water. However, just like chlorine, chloramine must be filtered out of water intended for dialysis and is toxic to fish.

*For more information on chloramine, please visit:*  
<http://www.cdc.gov/healthywater/drinking/public/chloramine-disinfection.html>

### Friendly Reminder on PM 160 Follow Up Codes

If a **new problem** is diagnosed or suspected during a CHDP health assessment, follow-up codes should be marked under **column C** in the corresponding row with notes included in the Comments/Problems section of the PM 160.

**Follow-up Code 4:** If a return visit is scheduled for diagnosis and/or treatment and the child will be returning to your office for follow-up, the code 4 should be marked in column C in the row corresponding to the problem. Further explanation and follow-up should also be documented in the Comments/Problems section. **Attachment A** is a sample PM 160 utilizing follow-up code 4.

**Follow-up Code 5:** If the child is referred to a specialist outside of your office or clinic for diagnosis and/or treatment, the code 5 should be marked in Column C in the row corresponding to the problem. Also use follow-up code 5 if a child is diagnosed in your office, but is referred elsewhere for treatment. Further explanation and follow-up should be documented in the Comments/Problems section and the contact information for the referral should be included in the "Referred to" box directly above the Comments/Problems section. **Attachment B** is a sample PM 160 utilizing follow-up code 5.

If you have any questions, or would like to schedule a training on properly completing the PM 160, please contact the CHDP program main line at 209-468-8335.

## Zika Virus: What You Need to Know

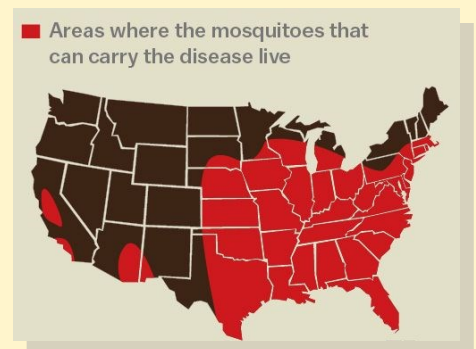
There has been **one confirmed traveler with Zika in San Joaquin County**. All Zika in the United States to date has been in travelers; no local transmission has been identified.

- 1. What is Zika?** Zika is a flavivirus spread by *Aedes* species mosquitoes. Illness usually presents with mild symptoms including fever, pruritic and maculopapular rash, arthralgia, and nonpurulent conjunctivitis.
- 2. How is Zika transmitted?** It is transmitted through the bite of an infected *Aedes* species mosquito which has not been found in San Joaquin County. Transmission of Zika from mother to fetus during pregnancy has been documented. Zika can be sexually transmitted from a man to his partners. There have been no reports of Zika being transmitted through breastfeeding.
- 3. Who is at risk?** Anyone living in or travelling to areas where Zika is found are at the highest risk of being infected. Women who currently are or are trying to become pregnant should delay or avoid travelling to areas with active transmission.
- 4. How can Zika be prevented?** The best way to prevent the disease is to avoid mosquito bites. Wear long sleeves and pants, stay in places with air conditioning or use screens for your windows and doors, and use insect repellents registered with the Environmental Protection Agency (EPA). Men with confirmed Zika virus infection or symptoms within 2 weeks post-exposure should consider using condoms or abstaining from sex for at least 6 months after onset. Men who have traveled to an area with active transmission, but did not develop symptoms, should consider using condoms or abstaining from sex for at least 8 weeks after leaving the area. Women whose male partners have or are at risk for Zika should consider using condoms or abstaining from sex during pregnancy.
- 5. What should you do if you suspect you have a patient with Zika?** Zika virus is a nationally notifiable disease. **Providers should report suspected cases to SJC PHS at 209-468-3822** to arrange testing and so action can be taken to reduce the risk of local transmission. Pregnant women who traveled to an area with ongoing transmission should be evaluated for Zika if they had any symptoms suggestive of Zika or if their baby has evidence of microcephaly. If a pregnant woman traveled to an area with ongoing transmission up to 8 weeks before becoming pregnant, but has not had symptoms, she may be offered Zika testing from 2 to 12 weeks after returning. *For more information on Zika please visit: <http://www.cdc.gov/zika/> or <http://www.sjcphs.org/>*



Countries in the Americas with local transmission of Zika.

Source: CDC



Distribution of *Aedes* species mosquitoes in the U.S.

Source: CDC



“Enrollment prior to the transition will ensure that these children will receive full scope benefits as soon as SB 75 is implemented.”

- DHCS

## SB 75 Updates

SB 75 is new legislation that extends full-scope Medi-Cal benefits to all children under the age of 19, regardless of immigration status, provided they fulfill the income eligibility requirement. **The projected system implementation date is May 16, 2016** when children and youth currently enrolled in restrictive Medi-Cal will be automatically transitioned into full-scope, fee-for-service (FFS) Medi-Cal. A notice will be automatically generated and sent to current enrollees informing them of the increase in benefits. Additional notification letters have been developed outlining their health insurance coverage options moving forward including information on the locally available managed care plans. Those who turn 19 within six months of the transition date will be enrolled in FFS full-scope Medi-Cal and will not be required to enroll in a managed care plan, but still may choose to do so. New enrollees, those under 19 and who currently have no Medi-Cal coverage, will be sent managed care information after applying and being determined eligible for full-scope Medi-Cal. The Department of Health Care Services (DHCS) will post a provider bulletin prior to the transition date on the [Medi-Cal Provider website](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx). *More information on SB 75 can be found at: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx>*

## San Joaquin County Asthma & COPD Coalition

In San Joaquin County, 28.4% of children ages 5-17 have lifetime asthma, compared to 17.1% across California. Asthma exacerbations often lead to emergency department visits and hospitalizations, making asthma one of the costliest child health conditions. Each hospitalization due to asthma costs an average of \$23,361 (for children ages 0-17) and Medi-Cal is predominantly the source of payment for asthma-related hospitalizations. Additionally, 22.9% of children aged 1-17 in San Joaquin County have been diagnosed with asthma. That is twice as high as the asthma rate in Sacramento County and three times the rate in Stanislaus County.



The San Joaquin County Asthma & COPD (chronic obstructive pulmonary disease) Coalition seeks to address these issues on a local level. Anyone interested in raising awareness, providing asthma and COPD education, improving care, or promoting better air quality is welcome to attend our meetings and learn how together we can help create better breathing for all.

For more information, please contact Gwen Callaway at (209)-468-8918 or [gcallaway@sjcphs.org](mailto:gcallaway@sjcphs.org).

## New CHDP Benefits: Meningococcal B Vaccines

Effective on or after October 1, 2015, meningococcal recombinant protein and outer membrane vesicle vaccine (Bexsero) and meningococcal recombinant lipoprotein vaccine (Trumenba) are new CHDP benefits. These vaccines are reimbursable for recipients 10 years through 20 years, 11 months of age who are at increased risk for meningococcal disease attributable to Serogroup B. Bexsero and Trumenba should not be administered together. Providers are encouraged to bill retroactively if they provided these services on or after October 1, 2015. A CHDP program letter and Provider Information Notice about these two vaccines will be released shortly. More information can be found on the Medi-Cal website: [http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom\\_24241.asp](http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_24241.asp)

Vaccine	Local Code	Vaccine Source	Age Restriction
Meningococcal B Recombinant Lipoprotein Vaccine (Trumenba)	M4	VFC	10 years thru 18 years, 11 months
	M5 + M6	Non-VFC	19 years thru 20 years, 11 months
Meningococcal B Recombinant Protein and Outer Membrane Vesicle Vaccine (Bexsero)	M1	VFC	10 years thru 18 years, 11 months
	M2 + M3	Non-VFC	19 years thru 20 years, 11 months

## CHDP Dental Assessment Training and Referral List

The oral health training for providers focusing on dental assessments for CHDP children is still being offered. There is information and materials on risk factors for childhood caries, anticipatory guidance for parents, how to perform a thorough oral exam, and guidelines for correct documentation. All recommendations are based on those of the American Academy of Pediatrics (AAP) and the CHDP Program Health Assessment Guidelines and Provider Manual. This training will take place at the individual provider offices. For more information or to schedule a training please call or email Gwen Callaway at (209)-468-8918 or [gcallaway@sjcphs.org](mailto:gcallaway@sjcphs.org).

In light of this training, it is important for every CHDP medical provider to have a copy of the CHDP dental referral list for San Joaquin County. Each of the listed providers is accepting Denti-Cal referrals. If your office does not have a current copy of this list, you can download the latest version from the [SJC PHS website](#) or search "SJC CHDP Resources" on your web browser. Under the [Resources](#) section, click [Dental Resources](#).

# Announcements

## eatFresh.org

[EatFresh.org](http://EatFresh.org) is a free website available in English, Spanish, and Chinese with a huge collection of **healthy, easy, inexpensive recipes**. It's mobile-friendly and **tailored to address the needs of the CalFresh population**. Users can search by meal type, type of cuisine, cooking environment, or dietary preference.

Under the Meal Plans tab, there are many options for nutritious meal plans including themes like simple lunches and slow cooker comfort foods. Also, under the Discover Foods tab, users can find out how to buy, store, and cook foods with which they are unfamiliar. There are many other helpful features including **tips on ingredient substitution, mini courses, and farmer's markets that accept EBT**.

Check it out today at [eatfresh.org](http://eatfresh.org)!

## Safe Kids San Joaquin County Coalition

Safe Kids San Joaquin County is a **childhood injury prevention coalition** that seeks to promote the safety of our county's children. Together, the coalition will determine priorities that will inform the county's action plan, raise public awareness among parents and caregivers around injury-related issues, drive advocacy for policies on child safety, and provide trainings to increase community capacity. Join the coalition to connect with other committed stakeholders interested in protecting children from unintentional injury. For more information and meeting details, please call or email Rachel Zerbo at (209)-468-2699 or [rzerbo@sjcphs.org](mailto:rzerbo@sjcphs.org).



## Lead Program Web Link

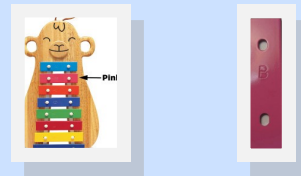
The Childhood Lead Poisoning Prevention Program (CLPPP) now has a direct link to their page on the [San Joaquin County Public Health Services website](http://San Joaquin County Public Health Services website). Once on the SJC PHS home page, click "Programs and Services" on the left sidebar and CLPPP is on the resulting list. Also, the program's phone and fax numbers are listed.

The CLPPP website has **in-depth information on various sources of lead**. There is also a section for providers where they can find **information on the process involved when a child is found to have a high blood lead level and what constitutes a state lead case**.

For more information, please visit the CLPPP website:  
<http://clppp.sjcphs.org/>

## Lead Recall

KHS America's Green Tones 8-note Monkey Glockenspiels are being recalled due to excessive levels of lead in the paint of the pink metal note bar. Consumers can contact KHS America at 800-283-4676 concerning products manufactured from January 2015 through September 2015. The recall number is 16-094.



More information on lead recalls for toys can be found at:  
<http://clppp.sjcphs.org/>

## New SJC PHS Clinic Schedules

The schedules for the PHS clinics in Stockton, Lodi, and Manteca have been newly revised. See **Attachments C and D** for details.

## SJC PHS is on Twitter!

Did you know San Joaquin County Public Health Services is on Twitter? Our Twitter handle is @sjcphs. Follow us for the latest information on local public health events and updates!



## CHDP Newsletter Team

CMS Medical Director	Maggie Park, MD
CMS Administrator	Marianne Hernandez, PHN, MSN, CNS
CHDP Deputy Director	Surbhi Jayant, PHN, MSN
CHDP Public Health Educator	Gwen Callaway, MPH
CHDP Provider Relations	Jay Chevalier, PHN II
CHDP Foster Care Coordination	Pam Lam, Senior PHN Charlene Devera, PHN I Christine Merin, PHN I Annelie Steele, PHN I Jamie Crenshaw, PHN II
CHDP Outreach & Support	Xia Lo Ronald Ross

CHDP quarterly newsletters are not intended to take the place of the CHDP Provider Manual, Provider Information Notices (PINs), or any other official correspondence from the California Department of Health Care Services. For article contributions, topic suggestions and mailing list updates, please contact Gwen Callaway at 468-8918 or [gcallaway@sjcphs.org](mailto:gcallaway@sjcphs.org).

STAPLE  
HERE

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

DO NOT STAPLE  
IN BAR AREA

PLEASE PRINT	PATIENT NAME (LAST)		(FIRST)		(INITIAL)	MEDICAL RECORD NO.			LA Code	94 09446787 J	
	JONES		SAMUEL		P	9876543210			05		
	BIRTHDATE	AGE	SEX	M/F	PATIENT'S COUNTY OF RESIDENCE		CO. CODE	TELEPHONE NUMBER	NEXT CHDP EXAM	Ethnic Code	
Mo. Day Year	10y	M		COUNTY		19	(805) 555-1234	07 01 11	5		
RESPONSIBLE PERSON (NAME)			(STREET)		(APT./SPACE #)	(CITY)	(ZIP)			L-American Indian 2-Asian 3-Black 4-Filipino 5-Mex. Amer./Hispanic 6-White 7-Other 8-Pacific Islander	
AMY JONES			1234 MAPLE LANE			TOWN	90212				

**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		FEES
		NEW	KNOWN	Mo.	Day	
✓A	✓B	C	D	07	01	07
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	2.54	
07 AUDIOMETRIC	✓			07	11.60	
08 HEMOGLOBIN OR HEMATOCRIT	✓			08	3.01	
09 URINE DIPSTICK	✓			09	2.87	
10 COMPLETE URINALYSIS		✓		10		
12 TB MANTOUX			4	12	7.91	

- 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

**COMMENTS/PROBLEMS**  
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

12 TB MANTOUX (4)  
Return visit scheduled, 07/03/07, 4:30pm

CODE	OTHER TESTS	PLEASE REFER TO THE CHDP LIST OF TEST CODES	CODE	OTHER TESTS

HEIGHT IN INCHES	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
0 5 5 2/4	0 7 9	0 10	5 5 %	105 / 72
HEMOGLOBIN	HEMATOCRIT		BIRTH WEIGHT LBS	OZS
1 2 3	.0%			

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

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

- 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 checked="" type="checkbox"/> New Patient or Extended Visit	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Periodic	70.05

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 Zip Code

Your telephone Number

Enrolled in WIC  Referred to WIC

NOTE: WIC requires HL, VL, and Hemoglobin/Hematocrit

PARTIAL SCREEN  SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY	COUNTY	NO	IDENTIFICATION NUMBER
1,9	8,W	5,4	58436891

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

SIGNATURE OF PROVIDER DATE

- If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIG number.
- Patient eligible for CHDP benefits only.

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE  
HERE

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IN BAR AREA

PLEASE PRINT	PATIENT NAME (LAST) (FIRST) (INITIAL)			MEDICAL RECORD NO.					L.A. Code	94 09446783 J	
	D O E J A N E A			1 2 3 4 5 6 7 8 9 0					05		
	BIRTHDATE	AGE	SEX M/F	PATIENT'S COUNTY OF RESIDENCE		CO. CODE	TELEPHONE NUMBER	NEXT CHDP EXAM	Ethnic Code		
Mo. Day Year	64	F	COUNTY		19	(310) 555-1212	Mo. Day Year	6			
RESPONSIBLE PERSON (NAME)			(STREET)		(APT./SPACE #)	(CITY)	(ZIP)				
AMY DOE			1234 OAK STREET			TOWN	90022				

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	FEES
	√A	√B	NEW C	KNOWN D	Mo. Day Year	
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			5		06 5.04	
07 AUDIOMETRIC	✓				07 11.60	
08 HEMOGLOBIN OR HEMATOCRIT	✓				08 3.01	
09 URINE DIPSTICK	✓				09 2.87	
10 COMPLETE URINALYSIS		✓			10	
12 TB MANTOUX		✓			12	

FOLLOW UP CODES	
1. NO DX/RX INDICATED OR NOW UNDER CARE.	4. DX PENDING/RETURN VISIT SCHEDULED.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.	5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
3. DX MADE AND RX STARTED	6. REFERRAL REFUSED
REFERRED TO: John Brown	TELEPHONE NUMBER (310) 555-4321
REFERRED TO:	TELEPHONE NUMBER

**COMMENTS/PROBLEMS**  
IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

06 Failed vision (5)  
20/50 OD  
20/50 OS  
20/50 OU

Appointment scheduled with optometrist  
07/26/07, 3:00 PM

HEIGHT IN INCHES	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
0 4 8 0/4	0 5 5 6 9		8 0 %	90 / 60
HEMOGLOBIN	HEMATOCRIT		BIRTH WEIGHT LBS	OZS
1 2 1	.0%			
IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES		GIVEN TODAY		
		NOT GIVEN TODAY		
		HOW UP TO DATE FOR AGE	STILL NOT UP TO DATE FOR AGE	ALREADY UP TO DATE FOR AGE
		A	B	C
		REFUSED OR CONTRA-INDICATED	D	

ROUTINE REFERRALS (✓)	PATIENT IS A FOSTER CHILD (✓)
<input type="checkbox"/> BLOOD LEAD	<input checked="" type="checkbox"/> DENTAL
DIAGNOSIS CODES	
1	2

THE QUESTIONS BELOW MUST BE ANSWERED

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Tobacco Used by Patient	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Counseled About/Referred For Tobacco Use Prevention/Cessation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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	PLACE OF SERVICE
Your Facility / Provider Name	N P I N U M B E R	11
Your Street Address		
City, State, 9-digit Zip code		
Your telephone number		

<input checked="" type="checkbox"/> Enrolled in WIC	<input checked="" type="checkbox"/> Referred to WIC
NOTE: WIC requires Ht, Wt, and Hemoglobin/Hematocrit	
<input checked="" type="checkbox"/> PARTIAL SCREEN	<input checked="" type="checkbox"/> SCREENING PROCEDURE RECHECK
ACCOMPANIES PRIOR PM 160 DATED	

PATIENT ELIGIBILITY	COUNTY	AD	IDENTIFICATION NUMBER
<input checked="" type="checkbox"/>	19	8W	5458967156
<input checked="" type="checkbox"/>	If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter BIC number.		
<input type="checkbox"/>	Patient eligible for CHDP benefits only.		

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

**San Joaquin County Public Health Services  
Clinic Schedule  
(Revised 2/24/2016)**

**Stockton Health Center  
1601 E. Hazelton Avenue – Phone (209) 468-3832 or 1-800-839-4949**

<b>IMMUNIZATIONS</b>	Monday:	1:00 – 4:00	Walk-In
	Tuesday:	1:00 – 4:00	Appts.
	Wednesday:	10:00 – 1:00	Walk-In
	Thursday:	8:00 – 11:00 & 1:00 – 4:00	Walk-In
	Friday:	8:00 – 11:00	Walk-In
<b>TRAVEL CLINIC</b>	Thursday:	8:00 – 11:00 & 1:00 – 4:00	Appts.
<b>SEXUALLY TRANSMITTED DISEASE CLINIC &amp; FAMILY PLANNING</b>	Tuesday:	1:00 – 4:00	Appts.
	Wednesday:	3:00 – 6:00	Walk-In & Appts.
	Friday:	1:00 – 4:00	Walk-In
<b>PrEP</b>	Monday:	8:00 – 11:00	Appts.
<b>HIV TESTING</b>	Tuesday & Thursday:	1:00 – 4:00	Walk-In
<b>TB SKIN TESTING</b>	Monday:	1:00 – 4:00	Walk-In
	Tuesday:	1:00 – 4:00	Walk-In
	Wednesday:	10:00 – 1:00	Walk-In
	Friday:	8:00 – 11:00	Walk-In
<b>LTBI TREATMENT</b>	Monday:	8:00 – 11:00	Appts.
	Tuesday:	8:00 – 11:00	Appts.
	Thursday:	1:00 – 4:00	Appts.
<b>B-1 IMMIGRANT</b>	Tuesday:	1:00 – 4:00	Appts.
<b>SHELTER SCREENING</b>	Monday:	8:00 – 11:00	Walk-In
	Tuesday:	8:00 – 11:00	Walk-In
	Thursday:	8:00 – 11:00	Walk-In

**Manteca Health Center  
124 Sycamore Ave. – Phone: (209) 823-7104 or 1-800-839-4949**

<b>IMMUNIZATIONS Temporary Schedule:</b>	March 2 <sup>nd</sup> , 16 <sup>th</sup> , 30 <sup>th</sup> May 11 <sup>th</sup> , 25 <sup>th</sup> July 6 <sup>th</sup> , 20 <sup>th</sup> September 14 <sup>th</sup> , 28 <sup>th</sup> November 9 <sup>th</sup> , 23 <sup>rd</sup>	10:00 – 1:00 & 3:00 – 6:00 April 13 <sup>th</sup> , 27 <sup>th</sup> June 8 <sup>th</sup> , 22 <sup>nd</sup> August 3 <sup>rd</sup> , 17 <sup>th</sup> , 31 <sup>st</sup> October 12 <sup>th</sup> , 26 <sup>th</sup> December 7 <sup>th</sup> , 21 <sup>st</sup>	Walk-In
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**Lodi Health Center  
300 West Oak St. – Phone (209) 331-7303 or 1-800-839-4949**

<b>IMMUNIZATIONS</b>	Friday:	8:00 – 11:00 & 1:00 – 4:00	Walk-In
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*Immunization Clinic hours are subject to change depending on volume of patients and/or staffing.*

Units/Clinic/Administrative Forms/Clinic Schedule Rev. 2/24/2016

**Clinica de Salud Pública Del Condado de San Joaquín**  
**Horarios de la Clinica de**  
**(Revisado 2/24/2016)**

**Clinica de Salud en Stockton**  
**1601 E. Hazelton Avenida – Teléfono: (209) 468-3832 or 1-800-839-4949**

<b>VACUNAS</b>	<b>Lunes:</b>	<b>1:00 – 4:00</b>	<b>No Cita</b>
	<b>Martes:</b>	<b>1:00 – 4:00</b>	<b>Cita</b>
	<b>Miércoles:</b>	<b>10:00 – 1:00</b>	<b>No Cita</b>
	<b>Jueves:</b>	<b>8:00 – 11:00 y 1:00 – 4:00</b>	<b>No Cita</b>
	<b>Viernes:</b>	<b>8:00 – 11:00</b>	<b>No Cita</b>
<b>CLINICA DE VIAJERO:</b>	<b>Jueves:</b>	<b>8:00 – 11:00 y 1:00 – 4:00</b>	<b>Cita</b>
<b>EXAMEN de ENFERMEDADES</b>	<b>Martes:</b>	<b>1:00 – 4:00</b>	<b>Cita</b>
<b>VENEREAS y PLANIFICACION</b>	<b>Miércoles:</b>	<b>3:00 – 6:00</b>	<b>No Cita y Cita</b>
<b>FAMILIAR</b>	<b>Viernes:</b>	<b>1:00 – 4:00</b>	<b>No Cita y Cita</b>
<b>PrEP</b>	<b>Lunes:</b>	<b>8:00 – 11:00</b>	<b>Cita</b>
<b>PRUEBA de SIDA</b>	<b>Martes y Jueves:</b>	<b>1:00 – 4:00</b>	<b>No Cita</b>
<b>PRUEBA de TUBERCULOSIS</b>	<b>Lunes:</b>	<b>1:00 – 4:00</b>	<b>No Cita</b>
	<b>Martes:</b>	<b>1:00 – 4:00</b>	<b>No Cita</b>
	<b>Miércoles:</b>	<b>10:00 – 1:00</b>	<b>No Cita</b>
	<b>Viernes:</b>	<b>8:00 – 11:00</b>	<b>No Cita</b>
<b>TRATAMIENTO de TUBERCULOSIS</b>	<b>Lunes:</b>	<b>1:00 – 4:00</b>	<b>No Cita</b>
	<b>Martes:</b>	<b>1:00 – 4:00</b>	<b>No Cita</b>
	<b>Jueves:</b>	<b>1:00 P 4:00</b>	<b>Cita</b>
<b>IMIGRCION</b>	<b>Martes:</b>	<b>1:00 – 4:00</b>	<b>Cita</b>
<b>EXAMEN PARA ESTANCIA EN</b>	<b>Lunes:</b>	<b>8:00 – 11:00</b>	<b>No Cita</b>
<b>EL ALBERQUE</b>	<b>Martes:</b>	<b>8:00 – 11:00</b>	<b>No Cita</b>
	<b>Jueves:</b>	<b>8:00 – 11:00</b>	<b>No Cita</b>

**Clinica de Salud de Manteca**  
**124 Sycamore Avenida – Teléfono: (209) 823-7104 o 1-800-839-4949**

<b>VACUNAS</b>		<b>10:00 – 1:00 y 3:00 – 6:00</b>	<b>No Cita</b>
<b>Horarios Temporarios:</b>	<b>Marzo 16, 30</b>	<b>Abril 13, 27</b>	
	<b>Mayo 11, 25</b>	<b>Junio 8, 22</b>	
	<b>Julio 6, 20</b>	<b>Agosto 3, 17, 31</b>	
	<b>Septiembre 14, 28</b>	<b>Octubure 12, 26</b>	
	<b>Noviembre 9, 23</b>	<b>Diciembre 7, 21</b>	

**Clinica de Salud de Lodi**  
**300 West Oak St. – Teléfono: (209) 331-7303 o 1-800-839-4949**

<b>VACUNAS</b>	<b>Viernes:</b>	<b>8:00 – 11:00 y 1:00 – 4:00</b>	<b>No Cita</b>
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*El horario de vacunas puede cambiar según el volumen de pacientes o el número de personas que están trabajando.*

Units/Clinic/Administrative Forms/Clinic Schedule Rev. 2/24/2016