



Physician's Report

NOTE: All Pre-Kindergarten children entering Grace Christian School are required to have medical and dental examinations within the current calendar year. This information is confidential and becomes a part of the student's cumulative record.

Name _____ Date of Birth _____ Male/Female

HEALTH SCREENING:

Height _____ Weight _____ Visual Acuity: Right _____ Left _____
 Hearing Acuity: Right _____ Left _____
 Strabismus: _____ Color vision _____
 Signature _____ Date of Exam _____

IMMUNIZATION REQUIREMENTS:

Section 3313.671 of the Ohio Revised Code requires children of school age to be immunized against diphtheria, whooping cough, tetanus, polio, rubeola, rubella, mumps and Hepatitis B.

DtaP, DPT, DT				
Polio				
MMR				
Hepatitis B				
Varicella				
Hib				
TB Test		Results		
Other				
Other				

PHYSICAL EXAMINATION:

Surgical History:

Medical History:

Perinatal History:

Allergies:

Medications:

Head and Neck:

BP:

Orthopedic:

Chest:

Lungs:

Hernia:

Neurological:

Behavioral/Emotional:

Heart:

Abdomen:

Extremities:

Urinalysis	
Hemoglobin	
Sickle Cell	
Serum Lead	
Other Labs	

Please indicate any physical activity restrictions or required adaptations to classroom activity::

Other Recommendations and Comments:

Date of Exam _____ Health Care Provider Signature _____
 Phone _____ Provider printed name/address _____