

Student Name: _____ Exam Date: _____

Gender: **Male** or **Female** **General Exam:**

Pre-school and Kindergarten students must have a current (within 1 year) physician's exam on file prior to admission & renewed every year during the named grades

	Evaluation	Normal	Abnormal	Evaluation	Normal	Abnormal
DOB: _____	Skin			Abdomen & Groin		
Age: _____	Posture/Gait			Genitalia & Urinary		
Weight: _____	Speech/Communication			Bones/Joints		
Height: _____	Head			Neurological		
Lead: _____	Eyes			Gross & Fine Motor		
B.P: _____	Ears			Muscles		
Hematocrit: _____	Nose			Cognitive		
	Mouth/Teeth etc.			Self Help		
	Heart & Circulatory			Social Skills		
	Chest & Lungs			Glands Thyroid/Lymph		
	Weight			Height		

Vision Screening Results: **LEFT** 20/_____ **RIGHT** 20/_____ **Hearing Screening Results:** P / F

Chronic Condition(s): _____ Allergies: _____

Immunizations as Required for School Entry by the Ohio Department of Health

Type:	Dates: Month/Day/Year				
DTaP, DPT or DT					
DT/ Td					
Polio					
MMR					
Hepatitis B					
Varicella					
Hib (prior to age 5)					
Tuberculin Test					
Tdap					
MCV4					
Other					

**This child has been examined and is in suitable condition for participation in group care. The child has had the age appropriate immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school or is to be exempted from immunizations for the following reason(s)*

Comments: (medications, plan of action, limitations, etc.) _____

Examiner's Signature: _____

Examiner's Printed Name: _____

Address: _____

Telephone & Fax: _____

**Please return this copy to school
 or to the Welcome Center**