

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

| | | | | | | |
|-------------------|----------------------|---------------|-----------------|----------------------|---------------|-----------------|
| DOB: _____ | Evaluation | Normal | Abnormal | Evaluation | Normal | Abnormal |
| Age: _____ | Skin | | | Abdomen & Groin | | |
| Weight: _____ | Posture/Gait | | | Genitalia & Urinary | | |
| Height: _____ | Speech/Communication | | | Bones/Joints | | |
| Lead: _____ | Head | | | Neurological | | |
| B.P: _____ | Eyes | | | Gross & Fine Motor | | |
| Hematocrit: _____ | Ears | | | Muscles | | |
| | 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*