Lorain City Schools Pre-K

PHYSICAL FORM

Child's Name:_________________________________ Sex: ______ DOB: _________________________

Parent/Guardian Name:____
Phone:_________________

Address:____ Zip:________________
Center:______

ALL OF THE ITEMS MUST BE COMPLETED FOR ADMISSION TO PRESCHOOL

Please Review documentation and complete this record.

Immunization Date Date Date Date Date

DtaP/DT: **Is this a Health Check Physical**: Yes/No

Present Age ______ Years______
Months______

Allergies (Ex:Medication Food, Insects)
Explain TYPE(see below)

Polio _
MMR
HIB *HIB Series 3 complete___*
HIB Series 4 complete___
HEP B
Varicella
Other

Test Date Results Test Date Results
A. Height (no shoes) H. Vision
(1) Acuity, R/L
(2) Strabismus
(3) Eye Movements
B. Weight
C. Blood Pressure 3-5 yrs.
D. *** Hematocrit or** **Hemoglobin**
E. *** Lead ***** I. Other Test
(1) Sickle Cell
(2) Urinalysis
(3) Other
F. Hearing
G. Head Circumference 0-3 yrs.

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Please complete the following information:
Normal Physical Exam _______ Yes _______ No
Are there any current food allergies or restrictions? _______ Yes _______ No
If “Yes”, then see page 2 (Special Diet) & 3(Request for Medication Administration) may be required______
Are there any current medical diagnosis or developmental delays? ___Yes ___No
If Yes, please explain:____
Is an Individual Health Plan required at school? ________ Yes _______ No
Any medical follow-up required? _______ Yes _______ No
If “Yes” please explain:
____

Based upon the medical history and physical condition at the time of this examination, she/he is free from communicable diseases and had received immunizations required by the state for admission to school under section 3313.671 of the Revised Code, or has had the immunizations required by the State Department of Health for Infants and Toddlers. In addition the child is in suitable condition for enrollment in a day care center.

Physician’s Signature:____
Date Physical given: ______________

Business Address:____
Business Phone:__________________