



Lebanon City Schools Preschool and Kindergarten Physical



Name of Student: _____ Date of Birth: ____/____/____ Address: _____

IMMUNIZATIONS: Please attach current record

Full Date (Month/Day/Year) Required By Ohio Law

PRE-SCHOOL

(4 DPT, 3 IPV, 1 MMR, 3 HEPATITIS B, 1 VARICELLA, 3-4 HIB)

SCHOOL AGE

(5 DPT, 4 IPV, 2MMR, 3 HEPATITIS B, 2 VARICELLA)

DATE	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
DPT					
TD					
Pollo					
Measles					
Mumps					
Rubella					
HEP B					
TB					
Varicella					
HIB					

DENTAL REPORT

The following services have been performed:

- Fluoride Treatment
- Oral Prophylaxis
- Radiographs
- Restorations

The following statements are applicable:

- All necessary services have been performed
- No restorative services are required at this time
- Further treatment is indicated
- Future appointments have been arranged

COMMENTS:

Signature of Dentist

Date

CHECK ONE:

_____ Entirely within normal limits

_____ List any abnormalities, health problems and/or medications regarding this student:

VISION SCREENING

R _____ L _____

HEARING SCREENING

R _____ L _____

Please explain if this student cannot carry out a full program of school activities:

REQUIRED FOR PRESCHOOL:

Height _____

Weight _____

Hematocrit _____ Yes No

Hemoglobin _____ Yes No

Lead Screen _____ Yes No

DISCLAIMER TO PARENTS/GUARDIANS: The information requested on this form will be of help to the school in determining the health status of your child and in assisting the student to receive maximum benefits from his/her educational opportunity. This health information will be shared with other school personnel, unless you indicate otherwise.

PAST MEDICAL HISTORY

	YES	NO
Activity Restriction		
ADD/ADHD		
Allergies		
Asthma		
Birth/Congenital Malformation		
Bleeding Disorder		
Bowel/Bladder Concern		
Chickenpox		
Cystic Fibrosis		
Diabetes		
Earaches		
Emotional Concerns		
Hearing Problems		
Heart Condition		
Hospitalizations		
Infectious Hepatitis		
Injuries		
Kidney Disease		
Seizures		
Skin Condition		
Surgery		
Tics/Nervous Twitches		
Toileting Concern		
Other Illnesses		

I have examined & certify today that this child is free from communicable disease and is in suitable condition for participation in group care. This child has had the age appropriate immunizations required by Ohio Law for school admission or is found to be exempt from these immunizations for the following reasons:

Signature of Physician

Date