



Medical Record

NOTE: All Children's House students are required to have a medical examination within the current calendar year. This information is confidential and becomes a part of the student's cumulative record.

Name _____ Grade _____ Room _____
 Date of Birth _____

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 _____ Heart _____
 Lungs _____ Abdomen _____
 Hernia _____ Extremities _____
 Neurological _____
 Behavioral/Emotional _____

Urinalysis	
Hemoglobin	
Sickle Cell	
Serum Lead	
Other Labs	

Please indicate any physical activity restrictions:

Other Recommendations and Comments:

Date of Exam _____

Health Care Provider Signature _____
 Phone _____ Provider printed name or stamp _____