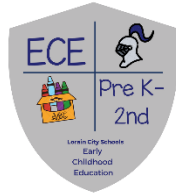


Lorain City Schools Pre-K



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	Is this a Health Check Physical: Yes/No Present Age _____ Years _____ Months _____ Allergies (Ex: Medication Food, Insects) Explain TYPE (see below)
DtaP/DT:						
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			I. Other Test (1) Sickle Cell (2) Urinalysis (3) Other		
E. * Lead ***					
F. Hearing					
G. Head Circumference 0-3 yrs.					

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: _____