Department of Early Childhood Early Childhood Preschool Program

Pre-School Entrance Physician's Form

(To be completed by Doctor)

Student's Name______________________________ Sex______ Date of Birth____________________ Age______________

Exam Date: ______________ Height: _________ Weight: _________ BP: __________ Pulse: ______
Hearing Test: R: ______ L: ______ Referred to ear specialist? Yes: _______ No: ________
Vision: R: 20/____ L: 20/____ Referred to eye specialist? Yes: _______ No: ________
Lead Results: _____________ Hematocrit Results: _____________ Hemoglobin Results: ___________________

Does student have a medical condition the school staff should be alerted?

____

Is this student on any medications? If yes, indicate name, dosage, and purpose:

____

If Student requires medications or treatments during school hours, a special consent from if required.

Does student have allergies to the following: (medication, animals, insects, food, and plants)?

____

What is the students' reactions to the allergies? (rash, vomiting, difficulty breathing).

____

Is the child able to participate fully in the following?

a. Classroom and academic activity Yes: _____ No: _____
b. Physical education activities (& swimming) Yes: _____ No: _____
c. Regular diet Yes: _____ No: _____

Limitations: ____

Based upon this student's medical history and physical condition at the time of this examination, he/she is free of communicable disease and is in suitable condition for enrollment in school? Yes: _______ No: _________

Examined	WNL	Comments/Concerns	Examined	WNL	Comments/Concerns
Eyes			Ears		
Nose			Throat		
Mouth			Teeth		
Posture			Orthopedic		
Skin			Neurological		
Neck			Lungs		
Heart			Hernia		
Abdomen			Urinalysis		
Genitalia			General Condition		

Print Name of Physician: ______________________________________ Phone Number: __________________

Physician Signature: ____ Date: ______________
Physician's Address: ____

Please return to the Registrar's Office, Warrensville Heights City School District
4285 Warrensville Center Road, Warrensville Heights, Ohio 44128

Please attach current immunization record.