



# Constellation Schools

## Puritas Community Middle

*"The Right Choice for Parents and a Real Chance for Children"*

### **School Entrance Physical Examination**

(Must be completed by Health Care Provider)

- A current immunization record is required for school enrollment.
- Please provide your child's immunization record to the school office as soon as possible.
- Ohio law requires that, for school attendance, every child has received the immunizations as outlined in the Ohio Revised Code 3313.67 and 3313.671. Your child may be excluded from school if a complete immunization record is not on file at the school by the 14<sup>th</sup> day of school enrollment.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ blood lead level (date): \_\_\_\_\_

Physical Exam / Review of Systems: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Growth and Development: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Comments: \_\_\_\_\_

#### **Chronic Health Concerns:**

None \_\_\_\_\_ Asthma \_\_\_\_\_ Seizure disorder \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergic to: \_\_\_\_\_

Other health issue (s): \_\_\_\_\_

Has child been referred to a specialist for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

#### **Current prescribed medications:**

Does this child currently need daily medication, as needed medication, or access to emergency medication during the school day? Yes \_\_\_ No \_\_\_

If Yes, Explain: \_\_\_\_\_

**Hearing:** Type of test \_\_\_\_\_ Results: \_\_\_\_\_ Comments: \_\_\_\_\_

**Vision:** Distance Acuity: Right - 20/\_\_\_\_ Left - 20/\_\_\_\_ has glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Was this child referred to an optometrist/ophthalmologist? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Physician/Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_