



Constellation Schools

Madison Community Elementary

"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 14th 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:** _____