



Medical Record

Columbus City Schools
Health, Family and Community Services
61 South 6th Street
Columbus Ohio 43215

Student Name _____ Date of Birth _____ School Yr _____
School _____ HR / Grade _____

NOTE: All Pre-Kindergarten children entering Columbus City Schools are required to have medical and dental examinations within the current calendar year. This information is confidential and becomes a part of the student's cumulative record.

Health Screening:

Height _____ Weight _____ Visual Acuity: Right _____ Left _____
Strabismus: _____ Color vision _____
Hearing Acuity: Right _____ Left _____

Immunization: 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, Tdap					
Polio					
MMR					
Hepatitis B					
Varicella					
Hib					
TB Test		Results			
Other					
Other					

History and Physical Examination:

Surgical History:

Medical History:

Perinatal History:

Allergies:

Medications:

Head and Neck:

BP:

Orthopedic:

Chest:

Lungs:

Hernia:

Neurological:

Behavior/Emotional:

Heart:

Abdomen:

Extremities:

Urinalysis	
Hemoglobin	
Sickle Cell	
Serum Lead	
Other Labs	

Please indicate any physical activity restrictions or required adaptations to physical education program:

Other Recommendations and Comments:

Health Care Provider Signature _____ Phone _____

Date of Exam _____ Provider printed name or stamp _____