Division of Early Childhood Education
Central Enrollment Center
430 Cleveland Avenue
Columbus, OH 43215
Ph. 614.365.5822
Fax 614.365.8745
www.ccsoh.us/earlychildhoodeducation

Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

Medical Reminder

According to state licensing guidelines, every preschool student is required to have documentation of a well child exam or yearly physical done within the last 12 months and an up-to-date immunization record on file before starting school. The medical form must be completed by a licensed healthcare provider in addition to the immunization record.

If your child needs a well child exam or immunizations, please contact their healthcare provider or Nationwide Children's Hospital School Based Health Services at 614-355-2590 as soon as possible to schedule an appointment. If a student has been seen by Nationwide Children's Hospital within the last year for a well child exam, the parent/guardian can access this information online through MyChart.

You can email documentation of a well child exam/yearly physical including an immunization record to ECEnurses@columbus.k12.oh.us, fax it to 614-365-8745, or return it to your classroom teacher. We can accept the attached CCS Medical form, ODJFS Medical form, or any official documentation from a healthcare provider of a well child visit or yearly physical within the last 12 months.

We must have documentation of a yearly physical or well child exam on file BEFORE your student can start attending school.

Revised 10/23/25

COLUMBUS CITY SCHOOLS

COLUMBUS CITY SCHOOLS
HEALTH, FAMILY AND COMMUNITY SERVICES
Preschool Medical Form

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.

Name_____ Address_____
School_____Grade_____Room_____ Date of Birth_____

HEALTH SCREENING:

Height_____ Weight_____

Date of Exam _____

Visual Acuity: Right_____ Left_____
Hearing Acuity: Right_____ Left_____
Strabismus:_____ Color vision_____

IMMUNIZATION REQUIREMENTS:

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					
Polio					
MMR					
Hepatitis B					
Varicella					
Hib					
TB Test		Results			
Other					
Other					

PHYSICAL EXAMINATION:

Surgical History:

Medical History:

Current medical diagnosis:

Allergies:

Medications:

Head and Neck_____
BP_____
Orthopedic_____
Chest_____Heart_____
Lungs_____ Abdomen_____
Hernia_____Extremities_____
Neurological_____
Behavioral/Emotional_____
_____

Urinalysis	
Hemoglobin	
Sickle Cell	
Serum Lead	
Other Labs	

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

Based upon this child's medical history and physical condition at the time of examination, this child is free from apparent communicable disease and is in suitable condition for enrollment in an early childhood education program within Columbus City Schools.

Date of Exam_____ Health Care Provider Signature_____
Phone_____ Provider printed name or stamp_____

FAX Form to (614)365-8745

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