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.

Rapèl Medikal

Selon direktiv Eta a, tout elèv preskolè oblije genyen yon dokiman egzamen sante, oubyen yon egzamen fizik anyèl, sa vle di ki te fèt nan 12 denye mwa yo epi yon rapò vaksinasyon ki ajou avan li komanse ane lekòl la. Fòm medikal la ak rapò vaksinasyon li an dwe ranpli e siyen pa yon doktè lisansye.

Si pitit ou bezwen yon egzamen sante oubyen rapò vaksinasyon, silvouplè kontakte doktè li oubyen ale nan Nationwide Children's hospital (lopital Timoun yo) ki se sèvis sante de baz lekòl la nan 614-355-2590 pou ou pran yon randevou pi vit ke posib. Si pitit ou te fè yon egamen sante deja ane pase nan Nationwide Children's hopspital (lopital timoun yo) paran/gadyen an ap gen aksè ak enfòmasyon sa a sou entènèt nan MyChart.

Ou ka voye dokiman egzamen sante fizik anyèl ki gen rapò vaksen yo nan imèl sa ECEnurses@columbus.k12.oh.us, Voye li pa faks nan 614-365-8745, oubyen retounen l bay pwofesè timoun nan. Nou aksepte fòm medikal lekòl nan vil Columbus yo. Fòm medikal ODJFS (Depatman travay ak sevis fanmi yo nan Ohio) oubyen nenpòt lòt dokiman ofisyèl ki siyen pa yon doktè, yon dokiman vizit sante timoun osinon yon egzamen fizik ki te fèt nan 12 dènye mwa yo.

Nou dwe gen yon dokiman Ezamen fizik ki ajou chak ane osinon yon egzamen Sante nan dosye timoun nan AVAN li kòmanse vin lekòl la.

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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