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

Xusuusin Caafimaad

Sida ku cad hab-raaca shatiga ee gobolka, arday kasta oo dhigta xanaanada carruurta waxaa laga rabaa inuu haysto dukumiintiyada muujinaya baaritaanka caafimaadka fayoobaanta ilmaha ama baaritaanka jirka ee sanadlaha ah ee la sameeyay 12-kii bilood ee la soo dhaafay iyo diiwaanka tallaalka cusub ee ugu dambeeyay ee ku jira faylka ka hor inta uusan bilaabin dugsiga. Foomka caafimaadka waa inuu buuxiyaa bixiye daryeel caafimaad oo shati haysta marka lagu daro diiwaanka tallaalka.

Haddii ilmahaagu u baahan yahay baaritaanka caafimaadka fayoobaanta ilmaha ama tallaalo, fadlan la xiriir bixiyahooda daryeelka caafimaadka ama Adeegyada Caafimaadka Dugsiga ee Ku-saleysan Isbitaalka Guud ee Carruurta Nationwide Children's Hospital ee lambarka 614-355-2590 sida ugu dhakhsaha badan si aad ballan u qabsato. Haddii ardaygu tagey oo uu arkay Isbitaalka Guud ee Carruurta Nationwide Children's Hospital sanadkii la soo dhaafay si loogu sameeyo baaritaanka caafimaadka fayoobaanta ilmaha, Waalidka/ilaaliyaha ayaa xogtaan ka heli kara khadka tooska ah iyada oo loo marayo MyChart.

Waxaad iimayl ugu diri kartaa dukumiintiyada baaritaanka caafimaadka fayoobaanta ilmaha baaritaanka/jirka sanadlaha ah oo ay ku jiraan diiwaanka tallaalka bogga ah ECNurses@columbus.k12.oh.us, Fakiska ugu dir 614-365-8745, ama ku soo celi macalinka fasalkaaga. Waxaan aqbali karnaa foomka Caafimaadka CCS ee ku lifaaqan, foomka Caafimaadka ODJFS, ama dukumiinti kasta oo rasmi ah oo ka yimid bixiyaha daryeelka caafimaadka oo muujinaya booqasho ilmo caafimaad qaba ama baaritaan sanadle ah 12-kii bilood ee la soo dhaafay.

Waa inaan haysannaa dukumiintiyada baaritaanka caafimaadka jirka ama caafimaadka fayoobaanta ilmaha ee sanadlaha ah KAHOR inta uusan ardaygaagu bilaabin inuu dugsiga aado.



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 _____ Visual Acuity: Right _____ Left _____
Hearing Acuity: Right _____ Left _____
Date of Exam _____ 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

Rev. 03/2019

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities