



**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: \_\_\_\_\_ Head and Neck \_\_\_\_\_  
 BP \_\_\_\_\_  
 Orthopedic \_\_\_\_\_  
 Medical History: Chest \_\_\_\_\_ Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_  
 Hernia \_\_\_\_\_ Extremities \_\_\_\_\_  
 Current medical diagnosis: Neurological \_\_\_\_\_  
 Behavioral/Emotional \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

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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