



**COLUMBUS
CITY SCHOOLS**

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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

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