

MADISON LOCAL SCHOOL DISTRICT

PHYSICAL FORM

Child's Name _____ Sex: M F DOB: _____
 Parent/Guardian Name: _____ Date of Exam: _____
 Address _____ Home Phone: _____
 _____ Work Phone: _____

Blood Pressure _____ Height _____ Weight _____

Medical/Food Allergies: _____

Disease & Illness History

Asthma _____ Epilepsy _____
 Chicken Pox _____ Serious Injuries _____
 Diabetes _____ Hospitalization _____
 Ear Infection _____ Surgery _____
 Ear Tubes _____ Other _____

Immunizations

<u>Type</u>	<u>Date - Month/Day/Year</u>			
DPT				
POLIO				
MMR				
PREVNAR				
VARICELLA				
HEPATITIS B				
HIB				
TUBERCULIN				

_____ General Appearance	_____ Eyes	_____ Lungs	_____ Skeletal System
_____ Skin	_____ Ear	_____ Abdomen	_____ Neuro Muscular
_____ Lymph Nodes	_____ Nose/Throat	_____ Genitalia	_____ Mouth
			_____ Heart

Medications: _____

Describe any concerns or limitations: _____

Based upon the medical history and physical condition at the time of this examination, he/she is free from communicable disease, including tuberculosis, and has received immunizations required by statute for admission for school under Section 3313.671 of the Ohio Revised Code, or has had the immunizations required by the State Department of Health for infant and toddlers. In addition, the child is in suitable condition for enrollment in the preschool program.

Physician's Signature: _____ Date: _____

Business Address: _____ Business Phone: _____