

ANNUNCIATION CATHOLIC SCHOOL
 3545 Clifton Avenue, Cincinnati, Ohio 45220
 Phone (513) 221-1230 Fax (513) 281-8009
www.school.annunciationbvmparish.org

Ohio School Health History

Physical Assessment

Child's Name	Gender (circle one) Male Female	Age	Birthdate
To be completed by Physician			

Objective Data

Height	Weight	B.P.
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IMMUNIZATION SHADED AREAS REQUIRED FOR SCHOOL ENTRY

TYPE	DATE (MONTH/DAY/YEAR)					
DTap DPT or DT <small>(not after 12 months)</small>						5th dose required if 4th dose given before age 4
DT/Td						
POLIO <small>(not after 12 months)</small>						Recommended, Required unless 3rd dose given before age 4
MMR <small>(not after 12 months)</small>						2nd dose required for K, 2nd dose required for gr. 7-12
HEPATITIS B						
VARICELLA						
HIB (prior to age 5 only) <small>(not after 12 months)</small>						0-14 months 3-4 doses 15-59 months 1 dose
TUBERCULIN TEST						
ROTAVIRUS <small>(given @ 2-4-6 months, not after 12 months)</small>						
OTHER						

Screening Tests

Vision	Date	Hearing	Date
Distance Acuity Muscle Balance Farsightedness Color Child wears glasses? Tested with glasses? Referral made? Specify Test/Equipment _____	Right _____ Left _____ Pass Fail Not done Pass Fail Not done Pass Fail Not done Yes No Yes No Yes No	Pure tone testing: Right Ear Pass Fail Not done Left Ear Pass Fail Not done Child wears hearing aid? Yes No Testing with hearing aid? Yes No Referral made? Yes No Other test (specify) _____	

Speech Assessment

Date

Child has no discernable speech problem
 Child has a problem with (circle all that apply) Articulation Rhythm Voice Language
Speech evaluation is recommended: Yes No

Laboratory Tests

Hemoglobin/Hematocrit	Urine protein	Urine blood	Urine glucose
Other _____			

Physical Examination

Date of Examination _____

- This child is essentially within normal limits
- This child is not within normal limits

Explain:

Does this child have any physical, developmental or behavioral problems? Suggest special programs, placement or attention that the school can provide.

Activities and limitations

Can the child participate fully in the following:

Classroom and academic activities	Yes	No
Physical education classes	Yes	No
Competitive athletics	Yes	No
Contact and collision sports	Yes	No

Specify any limitations:

Is this child on any medications? Yes No

Explain:

Examiner's Signature _____

Examiner's Printed Name _____

Address _____

Phone _____

Date signed _____