

REQUIRED FOR PK3, PK4, KINDERGARTEN AND NEW STUDENTS.

Our Lady of Mount Carmel School
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2018-2019 HEALTH EXAMINATION FORM

THIS FORM IS TO BE COMPLETED, SIGNED AND DATED BY YOUR CHILD'S PHYSICIAN.

Student Name _____ Grade _____ Date of Birth _____ Sex _____
Address _____ Home Telephone _____

Because a student's health is an important influence on his/her performance in school, please perform a physical examination and comment on the listed items. **If you are supplying us with the results of a previously performed exam, the maximum time between the exam and this report may be no longer than 1 year.**

CODE: O-NORMAL X-IRREGULAR/ABNORMAL ? -DOUBTFUL C-CORRECTED

HT. _____	WT. _____	Vision _____
Nutrition _____	Nose _____	Lungs _____
Mouth & Teeth _____	Skin _____	Hernia _____
Nervous System _____	Eyes _____	Tonsils _____
Hearing _____	Heart _____	Thyroid _____
Orthopedic _____	Blood Pressure _____	Allergies _____
Lead Screening _____	Hemoglobin Screening _____	

Other findings _____

May this child participate in physical activities, including sports? ____Yes ____No

If no, please explain _____

Significant medical history including abnormalities discovered _____

Current medications or other forms of therapy _____

In your opinion, does this child require any special school services? _____

If yes, please explain _____

Immunizations during this exam _____

Immunization History: Must be completed for new entries, kindergarten and pre-kindergarten students. Please give complete dates for each dose and booster.

DPT _____ Tdap _____

OPV _____

Measles (Rubeola) _____ German Measles _____ MMR#1 _____ MMR#2 _____

Hepatitis B (HPB) Dates _____ TB Test _____

Hib Dates _____ Varicella (Chicken Pox) Dates _____

PREVNAR _____ Other _____ Date _____

Physician's Signature _____ Date of Examination _____

Address _____ Telephone Number _____