

BEAVERCREEK CITY SCHOOLS
3040 Kemp Road
Beavercreek, OH 45431

Child's Name: _____ Male/Female: _____

Child's Birthdate: _____ Parent/Guardian: _____

PHYSICAL EXAMINATION TO BE FILLED OUT BY PHYSICIAN
Beavercreek Board of Ed requirements for Kindergarten, and New 1st Graders

Height/Weight _____
BP/Pulse _____
Eyes/Vision _____
Ears/Hearing _____
Hair/Scalp _____
Nose/Throat _____
Teeth/Gums _____
Skin _____
Lungs _____
Heart _____
Abdomen _____

ALLERGIES: _____

ALLERGY RESTRICTIONS: (If allergies require restrictions or alteration of diet, we need a signed physician's order on file.)

CURRENT PRESCRIBED MEDICATIONS:

Any Significant Diagnosis: _____

IMMUNIZATIONS

It is extremely important that all dates are correct, up-to-date, and written clearly.

DPT	_____	_____	_____	_____	_____
Td	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
OPV	_____	_____	_____	_____	_____
IPV	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
Varivax	_____	_____	_____	_____	_____
Hep A	_____	_____	_____	_____	_____
Exemption Medical	<input type="checkbox"/>	_____	_____	_____	_____

Chicken Pox - Natural disease Date: _____
Other: _____
Other _____

This is to certify that I have examined this child on _____ and have found that:
Date

1. she/he has had the immunizations required by the State Department of Health for students, or is to be exempted from these requirements for medical or other reasons.
2. based upon the 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 school.

Physician's Signature

Dr.'s Stamp _____

Date

Telephone Number _____

Fax Number _____