

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 Preschool, 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 <input type="checkbox"/> Date: _____	
				Other: _____	
				Other <input type="checkbox"/> _____	

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

- 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.
- 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 _____