

**SOUTH EUCLID-LYNDHURST CITY SCHOOLS
SCHOOL ENTRANCE MEDICAL EXAMINATION FORM**

IT IS RECOMMENDED THAT CHILDREN HAVE A COMPLETE MEDICAL EXAMINATION BEFORE ENTERING SCHOOL. A CURRENT IMMUNIZATION RECORD IS REQUIRED AT THE TIME OF REGISTRATION. THE IMMUNIZATIONS AND TESTS BELOW ARE REQUIRED BY STATE LAW AT THE TIME OF REGISTRATION IN A SCHOOL DISTRICT. PLEASE RETURN COMPLETED FORM TO: SOUTH EUCLID-LYNDHURST BOARD OF EDUCATION, ATTENTION: Ronda Fleming-Mitchell, 5044 MAYFIELD RD, LYNDHURST, OHIO 44124 OR FAX TO: (216) 691-2294 OR EMAIL TO: healthservices@sel.k12.oh.us

PLEASE FILL IN CHILD'S NAME, ADDRESS AND SCHOOL BEFORE PRESENTING TO YOUR DOCTOR

Child's Name _____ School _____

Address _____ Birthdate _____

PHYSICAL EXAMINATION RECORDS DATE OF EXAMINATION: _____

Height _____ Weight _____ Eyes _____ Ears _____

Vision: Rt _____ Lt _____ Hearing: Rt _____ Lt _____

Referred to ear or eye specialists? Yes _____ No _____

Nose _____ Throat _____ Mouth _____ Teeth _____

Is dental work indicated? Yes _____ No _____

Posture _____ General Condition _____

Skin _____ Orthopedic _____

Neck _____ Nervous System _____

Heart _____ Lungs _____

Abdomen _____ Hernia _____

Genitalia _____ Urinalysis _____

Is child in suitable condition to attend school? Yes _____ No _____

Remarks and Recommendations: _____

IMMUNIZATION REQUIREMENTS (Please give month, day, year)

| DPT | #1 | #2 | #3 | #4 | #5 |
|--|----|----|----|----|----|
| Polio | #1 | #2 | #3 | #4 | |
| MMR | #1 | #2 | | | |
| Hep B | #1 | #2 | #3 | | |
| Varicella K-9: 2 doses 10-12: 1 dose | #1 | #2 | | | |
| Tdap Booster Grades 7 - 12 | #1 | | | | |
| Meningococcal Grades 7 - 10 and Grade 12 | #1 | #2 | | | |

SIGNATURE of Healthcare Provider _____ DATE _____

Healthcare
Provider Name (PRINT / STAMP) _____ Phone Number _____

