

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 LISTED 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 MITCHELL, 5044 MAYFIELD RD, LYNDHURST, OHIO 44124 - OR - FAX TO: (216) 691-2294

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-8: 2 doses 9-12: 1 dose	#1	#2			
Tdap Booster Grades 7 - 12	#1				
Meningococcal Grades 7 - 9 and Grade 12	#1	#2			

SIGNATURE of Healthcare Provider _____ **DATE** _____

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