



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.

IF PRESCHOOL ENROLLMENT, please return to the School Psychologist at Rowland Elementary School.

All other enrollments, please EMAIL the SEL District Nurse at 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 eat or eye specialist? _____ 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-10: 2 doses 11-12: 1 dose	#1	#2			
Tdap Booster Grades 7 - 12	#1				
Meningococcal Grades 7 - 11 and Grade 12	#1	#2			

SIGNATURE of Healthcare Provider _____ **DATE** _____

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