

Littlest Generals Preschool - Child's Medical Statement

Child's Name: _____ DOB: _____ Sex: _____

Physical Examination Date: _____ Normal for Age: _____ Abnormal: _____

Abnormalities noted: _____

Required Screening Tests:

Height: _____ Weight: _____ Blood Pressure: _____ Hemoglobin: _____

Lead Screening: _____ Dental Screen: Please check one yes___ no___ Referral made? Yes___ No___

Type of Hearing Test:		Vision Screening:	
Left	Right	Acuity Right	Acuity Left
		Stereopsis:	

Allergies: _____

Immunization Record: Enter month/day/year of each immunization.

HEP B	1	2	3		
DPT/DTaP	1	2	3	4	5*
POLIO	1	2	3	4*	
MMR**	1	2			
HIB	1	2	3	4	
PREVNAR (pneumococcal vaccine)	1	2	3	4	
VARIVAX (chicken pox vaccine)	1				

- As of Fall 2015, the Pneumococcal, Influenza, Hepatitis A and Rotavirus vaccines are required as age appropriate and as determined by physician.
- If measles, mumps, and rubella are not given as MMR, give dates for each immunization:

Measles: _____ Mumps: _____ Rubella: _____ Chicken Pox Disease: _____

Exempt from Immunizations: Please check one Religious conviction____ Health Concern____ Other_____

This child is free from apparent communicable disease, is in suitable condition for enrollment in a preschool classroom or child day care center and has had the immunizations required by Chapter 3313.671, Ohio Revised Code for Admission to School unless noted above.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name: _____

Health Care Provider Address: _____ Phone: _____

Mail, deliver or FAX completed form to: Wooster City School District
Attn: Littlest Generals Preschool
144N. Market St.
Wooster, OH 44691

For information, call 330-988-1111, Ext. 1241
FAX: 330-262-3407

