PERRYSBURG EXEMPTED VILLAGE SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM

Student Name:		□ Male □ Female	Date of Birth:
Height:	Weight:	BMI percentile:	BP:

Postural Screening Test

Date: □ No abnormality noted □ Screening not done □ Referral made Comments:

Please list medications student is presently taking:

Health History (Serious or chronic illnesses/injuries/surgeries/allergies):

Physical Examination—Date of most recent examination: _____/_____/_____

□ Essentially normal □ Abnormalities as follows:
Is this child able to participate fully in: Classroom and academic activities □ Yes □ No Physical education classes □ Yes □ No Competition athletics □ Yes □ No Contact and collision sports □ Yes □ No
If limitations are advised, please specify:
Does child have any physical, developmental or behavioral issues that may affect his/her educational process? □ No □ Yes as follows:

Health Care Provider's Signature:	Print Name:	Phone:
Address:		Date:
City:	State:	Zip:

Ohio Department of Health ● School and Adolescent Health

Immunization Report

Student's Name	Sex ☐ Male ☐ Female	Date of Birth / /

Vaccine	**Record complete dates** (month, day, year) **of vaccine doses given**					
Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PVC)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child's immunization record may be attached or dates may be entered below. Please note the month, day, and year for each immunization should be on record.

This information was provided by ☐ Health Care Provider ☐ Parent/Guardian ☐ Other _____

Signature	Print name	Date of Birth / /

HEA 4241 8/06

10/07
1/11
10/11
12/11