

**Cuyahoga County Board of Health
School Entrance Physical Examination**

Child's Name _____ Date of birth: _____ Grade _____

Immunization Information

Please complete using the date/month/year.

DTaP	1. _____	2. _____	3. _____	4. _____	5. _____
Td	1. _____	2. _____	Tdap	_____	
Polio	1. _____	2. _____	3. _____	4. _____	
HIB	1. _____	2. _____	3. _____	4. _____	
Hepatitis A	1. _____	2. _____			
Hepatitis B:	1. _____	2. _____	3. _____		
HPV	1. _____	2. _____	3. _____		
MMR	1. _____	2. _____			
Menactra	1. _____				
Pneumococcal	1. _____	2. _____	3. _____	4. _____	
Rotavirus	1. _____	2. _____	3. _____		
Varicella	1. _____ 2. _____				
Influenza	_____ Other _____				

Examination date: _____ Normal _____ Abnormal _____

Remarks and recommendations concerning abnormal findings: _____

Restrictions: _____

Height _____ Weight _____ BMI _____ Blood Pressure _____ Heart Rate _____

Chronic Health Concerns: Asthma _____ Seizure Disorder _____ ADD/ADHD _____

Diabetes _____ Allergies: _____ Other: _____

Was the child referred to any specialists? _____

Special tests (at the physician's discretion)

Urinalysis _____ Hemoglobin _____

Lead _____ Sickle cell _____

Tuberculin test _____ Results _____

Other _____

Hearing: Type of test _____ Results _____ Comments _____

Vision: Acuity: Right 20/____ Left 20/____ Strabismus Yes _____

Medications: _____

Please complete the school's forms for medication administration if it is necessary for the child to receive prescription or over-the-counter medication in school.

Physician name (Print) _____ Phone _____

Address _____ City/State/Zip _____

Based on examination consistent with EPSDT/Headstart/AAP guidelines, I certify this child to be in suitable condition for enrollment in school.

Physician signature: _____ Date _____