<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Sex:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>BMI percentile:</th>
<th>BP:</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### SCREENING TESTS

<table>
<thead>
<tr>
<th>Vision:</th>
<th>Hearing:</th>
<th>Speech/Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date performed:</td>
<td>Date performed:</td>
<td>Date performed:</td>
</tr>
</tbody>
</table>

- **Distance Acuity**
  - R ___
  - L ___
  - Pure Tone

- **Muscle Balance**
  - Pass
  - Fail
  - Right Ear
  - Pass
  - Fail
  - Left Ear
  - Pass
  - Fail
  - Right Ear
  - Pass
  - Fail
  - Child wears hearing aid?
  - Yes
  - No

- **Stereopsis**
  - Pass
  - Fail

- **Color**
  - Pass
  - Fail

- **Child wears glasses?**
  - Yes
  - No

- **Tested with glasses?**
  - Yes
  - No

- **Referral made?**
  - Yes
  - No

### VACCINATIONS

**Ohio Department of Health REQUIRED KINDERGARTEN VACCINES (Fall 2014)**

- **DTaP**
  - 4 doses or more of DTaP or DT, or any combination.
  - If all 4 doses were given before 4th birthday, a 5th dose is required. If 4th dose was given at least 6 months after 3rd dose, and on or after the 4th birthday, a 5th dose is not required. Recommended intervals for K students: 4 weeks between doses 1-2 and 2-3; 6-month minimum intervals between doses 3-4 and 4-5. If 5th dose is administered prior to 4th birthday, a 6th dose is recommended, but not required.

- **Polio (IPV)**
  - 3 or more doses of IPV; the FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, 4 doses of either vaccine are required (Final polio dose in IPV series must be administered at age 4 or older with at least 6 months between final and previous dose).

- **Hepatitis B (Hep B)**
  - 3 doses of Hepatitis B.
  - 2nd dose must be administered at least 28 days after 1st dose.
  - 3rd dose must be given at least 16 weeks after 1st dose and at least 8 weeks after the 2nd dose.
  - Last dose in the series (3rd or 4th dose), must not be administered before age 24 weeks.

- **Measles, Mumps, Rubella (MMR)**
  - 2 doses of MMR. Dose 1 must be administered before the first birthday. 2nd dose must be administered at least 28 days after dose 1.

- **Varicella (Chickenpox)**
  - 2 doses of Varicella. Dose 1 must be administered on or after the first birthday. 2nd dose should be administered at least 3 months after dose 1; however, if the 2nd dose is administered at least 28 days after 1st dose, it is considered valid.

### HEALTH HISTORY

(Serious or chronic illnesses/injuries/surgeries)

<table>
<thead>
<tr>
<th>Allergies? (Drugs, Foods, Bees, Others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tx:</td>
</tr>
</tbody>
</table>

### 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

- If limitations are advised, please specify:

- Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

### Health Care Provider Signature:

<table>
<thead>
<tr>
<th>Print name:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State, Zip</th>
<th>Date:</th>
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</table>