

PLSD KINDERGARTEN PHYSICIAN'S REPORT – Fall 2022

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|-----------------|---------|--------------------------|------------------------------|
| Student's Name: | | Sex: Male Female | Date of birth: / / |
| Height: | Weight: | BMI percentile: | BP: |

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| Vision: Date performed: | Hearing: Date performed: | Speech/Language: Date performed: |
| Distance Acuity R ___ L ___ Muscle Balance Pass Fail Stereopsis Pass Fail Color Pass Fail Child wears glasses? Yes No Tested with glasses? Yes No Referral made? Yes No | Pure Tone Right Ear Pass Fail Left Ear Pass Fail Child wears hearing aid? Yes No Child under care of hearing specialist? Yes No Referral made? | Speech assessment completed Yes No Child has no discernible speech problem Yes No Speech evaluation recommended Yes No Child has possible problem with: |

| Ohio Department of Health REQUIRED KINDERGARTEN VACCINES (Fall 2020) | IMMUNIZATIONS | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|--|--|--|--|
| | Vaccine | Record complete dates (month/day/year) | | | | |
| 4 doses or more of DTaP or DT, or any combination. If all 4 doses were given before 4 th birthday, a 5 th dose is required. If 4 th dose was given at least 6 months after 3 rd dose, and on or after the 4 th birthday, a 5 th 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. | DTap | | | | | |
| | DT | | | | | |
| 3 or more doses of IPV; the FINAL dose must be administered on or after the 4 th 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) | Polio (IPV) | | | | | |
| | Polio (OPV) | | | | | |
| 3 doses of Hepatitis B. 2 nd dose must be administered at least 28 days after 1 st dose. 3 rd dose must be given at least 16 weeks after 1 st dose and at least 8 weeks after the 2 nd dose. Last dose in the series (3 rd or 4 th dose), must not be administered before age 24 weeks. | Hepatitis B (Hep B) | | | | | |
| 2 doses of MMR. Dose 1 must be administered on or after the first birthday. 2 nd dose must be administered at least 28 days after dose 1. If MMR and Varicella are not given on the same day, doses must be separated by at least 28 days with no grace period. | Measles, Mumps, Rubella (MMR) | | | | | |
| 2 doses of Varicella. Dose 1 must be administered on or after the first birthday. 2 nd dose should be administered at least 3 months after dose 1; however, if the 2 nd dose is administered at least 28 days after 1 st dose, it is considered valid. If MMR and Varicella are not given on the same day, doses must be separated by at least 28 days with no grace period. | Varicella (Chickenpox) | | | | | |

HEALTH HISTORY (Serious or chronic illnesses/injuries/surgeries)

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| | Allergies? (Drugs, Foods, Bees, Others) |
| | Tx: |

PHYSICAL EXAMINATION Date of most recent examination: ____/____/____

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| 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? |

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|-------------------------------------------|-------------------|--------|------|
| Health Care Provider Signature X _____ | Print name: | Phone: | Fax: |
| Address: | City, State, Zip: | Date: | |