

Preschool Physical Exam Record

Marion City Schools

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

**Objective Data**

Height: \_\_\_\_\_ ( )% Weight: \_\_\_\_\_ ( )% BP: \_\_\_\_\_

**Screening Tests:**

**Vision:** Referral Made? Yes \_\_\_\_\_ No \_\_\_\_\_

Distance Acuity: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Child wears glasses? Yes \_\_\_\_\_ No \_\_\_\_\_ Tested with glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify test/equipment: \_\_\_\_\_

**Hearing:** Referral Made? Yes \_\_\_\_\_ No \_\_\_\_\_

Pure Tone Testing:

Right Ear: Pass \_\_\_\_\_ Fail \_\_\_\_\_ Not Done \_\_\_\_\_

Left Ear: Pass \_\_\_\_\_ Fail \_\_\_\_\_ Not Done \_\_\_\_\_

Child wears hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_ Tested with hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Test (specify) \_\_\_\_\_

**Speech Assessment**

\_\_\_\_\_ Child has no Discernible speech problems

\_\_\_\_\_ Child may have problems with: \_\_\_\_\_ Articulation \_\_\_\_\_ Rhythm \_\_\_\_\_ Voice \_\_\_\_\_ Language Speech evaluation is recommended \_\_\_\_\_ Yes \_\_\_\_\_ No

**Laboratory Test**

\_\_\_\_\_ Lead (**Required Per Ohio Department of Education to be completed!!!**) Result: \_\_\_\_\_

**\*\* If not completed today, please specify date & results of last Lead screening** \_\_\_\_\_

\_\_\_\_\_ Hemoglobin/Hematocrit Results: \_\_\_\_\_

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Physical Examination**

\_\_\_\_\_ This child is essentially within normal limits.

\_\_\_\_\_ This child is not within normal limits: (Please explain) \_\_\_\_\_

\_\_\_\_\_

**Does this child have any physical, developmental, or behavioral problems?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Activities and Limitations:**

Can this child participate fully in the following activities?

Classroom and academic activities: \_\_\_\_\_ Yes \_\_\_\_\_ No

Physical education classes: \_\_\_\_\_ Yes \_\_\_\_\_ No

Specify any limitations: \_\_\_\_\_

\_\_\_\_\_

Is this child on any medications: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

**Immunizations**

DPT 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

POLIO 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

HEP B 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

MMR 1 \_\_\_\_\_ Varicella 1 \_\_\_\_\_

HIB 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Pneumococcal 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Hepatitis A 1 \_\_\_\_\_ 2 \_\_\_\_\_ Yearly Flu shot/shots \_\_\_\_\_

**Physician's Name/ PA/APRN-CNP (please print)** \_\_\_\_\_

**Practitioner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Providers, Please Note: Preschoolers must have this completed physical exam record signed by a physician/PA/APRN-CNP, to attend Marion City Preschools. This includes but is not limited to vision, hearing, height, weight, lead, and hematocrit screenings. Please note that a lead test is required for our records per Ohio Department of Education.**