

**Berea City School District**  
**Immunizations & Physical Examination**

Student Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	School:
<b>Immunizations</b> (Must be excluded from school if information not provided or student not up-to date)				
DPT1 or DT1:	DPT2 or DT2:	DPT3 or DT3:	DPT4 or DT4:	DPT5 or DT5:
OPV1 or IPV1 (circle one):	OPV2 or IPV2 (circle one):	OPV3 or IPV3 (circle one):	OPV4 or IPV4 (circle one):	
HIB1	HIB2	HIB3	HIB4	
MMR1:	MMR2:	Chickenpox:	Chickenpox:	
HBV1	HBV2	HBV3		
DTP = Diphtheria/Pertussis/Tetanus		DT = Diphtheria/Tetanus		<b>Immunizations Recorded By:</b>
HIB = Haemophilus B	HBV = Hepatitis B	MMR = Measles/Mumps/Rubella		
IPV = Inactivated Polio Vaccine	OPV = Oral Polio Vaccine			

<b>History &amp; Physical Examination</b>					
<b>REQUIRED FOR PRESCHOOL</b> -- Due on admission to program & annually from date of examination.					
(Recommended for kindergarten students)			(WNL = Within Normal Limits)		
Examined:	WNL	Comments/Concerns:	Examined:	WNL	Comments/Concerns:
General Appearance			Pelvis		
Neurological			Genitalia		
Eyes			Muscular-Skeletal		
Ears			Skin		
Nose			Height (actual)		
Throat (Tonsils)			Weight (actual)		
Mouth (Teeth)			Blood Pressure		
Neck			Posture, gait		
Heart			Growth & Development		
Lungs			Speech		
Abdomen					
VISION--RIGHT EYE		VISION--LEFT EYE	HEARING--RIGHT EAR		HEARING--LEFT EAR
20/		20/	1000 Hz (20 dB HL) Pass Fail		1000 Hz (20 dB HL) Pass Fail
			2000 Hz (20 dB HL) Pass Fail		2000 Hz (20 dB HL) Pass Fail
Color: Pass Numbers		Pass Trails Fail	4000 Hz (20 dB HL) Pass Fail		4000 Hz (20 dB HL) Pass Fail

<b>Labs and Results</b>	
Hemocrit _____ %      date _____	Lead _____ mcg/dl      date _____

Comments:

<i>Child is free from apparent communicable disease and is in suitable condition to attend a preschool program.</i>		
Date of Examination	Physician Signature	Printed/Stamped Name of Physician

**Please return completed form to: School Office or Clinic**