

Lakewood Catholic Academy

School Entrance Physical Examination

Date of Physical: _____

Child's Name: _____

Address: _____

Phone # _____

Date of Birth: _____

Age: _____

Physician's Name: _____

Physician's Phone# _____

(Please Print)

Height _____

Weight _____

Vision R _____ L _____

Corrected R _____ L _____

Ears _____

Nose _____

Pharynx _____

Tonsils _____

Glands _____

Teeth _____

Heart _____

Lungs _____

Hernia _____

Skin _____

Allergies _____

Asthma _____

Neurological _____

Orthopedic _____

Scoliosis _____

Last T.B. test _____ Results _____

1. Pertinent Health information (include surgeries, hospitalizations, fractures, etc.)

2. Does this child receive daily medication? _____

If yes, what medication _____

3. Activity limitations _____

4. Is child free of communicable disease? _____

Please state immunizations given at time of examination: _____

Immunization Requirements by Ohio Law for School Admission:

DPT - 4 or more doses

OPV/IPV - 3 or more doses

Hepatitis B - 3 doses

Hib - 3 doses (Preschool)

MMR - 2 doses

Varicella - 2 doses (Kdg.) 1 dose (Grs.1 - 4)

Physician's Signature: _____

Date: _____