



SCHOOL ENTRANCE MEDICAL EXAMINATION FORM

IT IS RECOMMENDED THAT CHILDREN HAVE A COMPLETE MEDICAL EXAMINATION BEFORE ENTERING SCHOOL. YOU ARE URGED TO HAVE THIS EXAMINATION BY YOUR PRIVATE PHYSICIAN. UNLESS OTHERWISE NOTED, THE IMMUNIZATIONS AND TESTS THAT ARE LISTED BELOW ARE REQUIRED BY STATE LAW AT THE TIME OF REGISTRATION IN A SCHOOL DISTRICT.

PLEASE RETURN COMPLETED FORM TO: SOUTH EUCLID-LYNDHURST BOARD OF EDUCATION, ATTENTION: DENISE GUNN, 5044 MAYFIELD RD, LYNDHURST, OHIO 44124 - OR - FAX TO: (216) 691-2294

PLEASE FILL IN CHILD'S NAME, ADDRESS AND SCHOOL BEFORE PRESENTING TO YOUR DOCTOR

Child's Name _____ School _____

Address _____ Birthdate _____

PHYSICAL EXAMINATION RECORDS

DATE OF EXAMINATION: _____

Height _____ Weight _____ Eyes _____ Ears _____

Vision: Rt _____ Lt _____ Hearing: Rt _____ Lt _____

Referred to ear or eye specialists? Yes _____ No _____

Nose _____ Throat _____ Mouth _____ Teeth _____

Is dental work indicated? Yes _____ No _____

Posture _____ General Condition _____

Skin _____ Orthopedic _____

Neck _____ Nervous System _____

Heart _____ Lungs _____

Abdomen _____ Hernia _____

Genitalia _____ Urinalysis _____

Is child in suitable condition to attend school? Yes _____ No _____

Remarks and Recommendations:

IMMUNIZATION INFORMATION (Please give month, day, year)

DTP VACCINE #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
(Diphtheria, Tetanus, Pertussis)

* **GRADES 7, 8, 9, 10, 11:** 1 dose of Tdap or Td vaccine required: _____

POLIO VACCINE (OPV / IPV): #1 _____ #2 _____ #3 _____ #4 _____

MMR #1 _____ (#1 Must be after 1st birthday) #2 _____

Hepatitis B (K - 12) #1 _____ #2 _____ #3 _____

HIB Pre-school #1 _____ #2 _____ #3 _____ #4 _____

** VARICELLA (Chicken Pox Vaccine) #1 _____ #2 _____

* Required BOOSTER for GRADES 7, 8, 9, 10, and 11th

** Required VARICELLA for K - 4: TWO doses. GRADES 5 - 8: ONE dose required.

SIGNATURE OF PHYSICIAN _____ DATE _____

PHYSICIAN'S NAME (PLEASE PRINT) _____ PHONE _____