Dublin City School District

Preschool Health Assessment Record

Child's name: _____

Birthdate: _____ Height: _____ Weight: _____

Gender: Male ☐ Female: ☐

PHYSICAL ASSESSMENT

Physical Exam: WNL ☐ Abnormal ☐ (Please list below)

Physical Exam Abnormalities, Limitations or Health Conditions (include allergies, medications, dietary restrictions)

_____
_____
_____
_____
_____

SCREENING/LABORATORY RESULTS

SCREEN	RIGHT	LEFT	REFERRED	DEFERRED
VISION	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Yes ☐ No	☐ Yes Why _____ ☐ No
HEARING	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Yes ☐ No	☐ Yes Why _____ ☐ No

LABS/ASSESSMENTS	RESULTS	REFERRED	DEFERRED
DENTAL	☐ WNL ☐ ABNORMAL	☐ Yes ☐ No	☐ Yes Why _____ ☐ No
LEAD	☐ WNL ☐ ABNORMAL	☐ Yes ☐ No	☐ Yes Why _____ ☐ No
HEMOGLOBIN	☐ WNL ☐ ABNORMAL	☐ Yes ☐ No	☐ Yes Why _____ ☐ No
HEMATOCRIT	☐ WNL ☐ ABNORMAL	☐ Yes ☐ No	☐ Yes Why _____ ☐ No

IMMUNIZATIONS*

Complete for Age	In Process	Disease History	Exempt
☐ Yes ☐ No	☐ Yes _____ _____	☐ Yes _____ _____	☐ Yes _____ _____

This child has been examined and is in suitable condition to participate in preschool.

_____

Physician/Physician Assistant/Advanced Nurse Practitioner Signature Date of Exam

_____

Address Phone

***PLEASE ATTACH A SIGNED CURRENT IMMUNIZATION RECORD.**

IT IS RECOMMENDED THAT ALL STUDENTS HAVE A MINIMUM OF THE IMMUNIZATIONS LISTED BELOW TO ATTEND SCHOOL. A RECORD OF THESE IMMUNIZATIONS MUST BE ON FILE WITH THE SCHOOL BY THE **14TH DAY AFTER THE STUDENT BEGINS SCHOOL.**

VACCINES	IMMUNIZATIONS FOR CHILD CARE, HEAD START AND EARLY CHILDHOOD ATTENDANCE
DTaP/DPT/DT/Td Diphtheria, Tetanus, Pertussis	Four (4) doses of DTaP or DT or any combination
POLIO	Three (3) doses of OPV or IPV or any combination of OPV or IPV.
MMR Measles, Mumps, Rubella	One (1) dose of MMR administered on or after the first birthday.
Hib Haemophilus Influenzae Type b	Three (3) or four (4) doses depending on the vaccine type, the age when the child began the 1st dose and the last dose must be after 12 months **or** One (1) dose if given on or after 15 months of age
HEP B Hepatitis B	Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.
Varicella Chickenpox	One (1) dose of Varicella administered on or after the first birthday