

**PRESCHOOL PROGRAM
SHAKER HEIGHTS CITY SCHOOL DISTRICT
PHYSICIAN'S REPORT**

Students enrolling in the Prekindergarten Program are required to have a health appraisal, including history and physical examination, and TB test* or chest X-ray, within the year prior to entrance. Immunizations must meet Ohio and District standards (see reverse). **Please supply the requested information on both sides of this form and explain all abnormal results.**

Child's Name _____ Birthdate _____

Medical History: Normal Abnormal (explain):

Motor Milestones: Normal Abnormal (explain):

Language Milestones: Normal Abnormal (explain):

Social/Emotional Development: Normal Abnormal (explain):

Height _____ Weight _____ Pulse _____ Respiratory Rate _____ Blood Pressure ____/____

Lead level ____ (date _____) Hematocrit: _____ and/or Hemoglobin _____ (date: _____)

Physical Examination: Normal Abnormal (explain):

Speech/Language: Normal Abnormal (explain):

If referred, where _____

Audiometry (1000-4000 Hz @20dB): Normal Attempted/could not test Abnormal

If referred, where _____

Visual Acuity: Test used: _____ Normal Attempted/could not test Abnormal

If referred, where _____

List any allergies:

List any prescribed or over the counter medications, food supplements, modified diet, or fluoride supplements:

Document any developmental delays:

Can this child participate fully in age appropriate activities? Yes No Explain problems and limitations:

Over:

