
Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

Rapèl Medikal

Selon direktiv Eta a, tout elèv preskolè oblije genyen yon dokiman egzamen sante, oubyen yon egzamen fizik anyèl, sa vle di ki te fèt nan 12 denye mwa yo epi yon rapò vaksinasyon ki ajou avan li komanse ane lekòl la. Fòm medikal la ak rapò vaksinasyon li an dwe ranpli e siyen pa yon doktè lisansye.

Si pitit ou bezwen yon egzamen sante oubyen rapò vaksinasyon, silvouplè kontakte doktè li oubyen ale nan Nationwide Children's hospital (lopital Timoun yo) ki se sèvis sante de baz lekòl la nan 614-355-2590 pou ou pran yon randevou pi vit ke posib. Si pitit ou te fè yon egzamen sante deja ane pase nan Nationwide Children's hospital (lopital timoun yo) paran/gadyen an ap gen aksè ak enfòmasyon sa a sou entènèt nan MyChart.

Ou ka voye dokiman egzamen sante fizik anyèl ki gen rapò vaksen yo nan imèl sa ECEnurses@columbus.k12.oh.us, Voye li pa faks nan 614-365-8745, oubyen retounen l bay pwofesè timoun nan. Nou aksepte fòm medikal lekòl nan vil Columbus yo. Fòm medikal ODJFS (Depatman travay ak sevis fanmi yo nan Ohio) oubyen nenpòt lòt dokiman ofisyèl ki siyen pa yon doktè, yon dokiman vizit sante timoun osinon yon egzamen fizik ki te fèt nan 12 denye mwa yo.

Nou dwe gen yon dokiman Ezamen fizik ki ajou chak ane osinon yon egzamen Sante nan dosye timoun nan AVAN li kòmanse vin lekòl la.



**COLUMBUS CITY SCHOOLS
HEALTH, FAMILY AND COMMUNITY SERVICES**

Preschool Medical Form

NOTE: All Pre-Kindergarten children entering Columbus City Schools are required to have medical and dental examinations within the current calendar year. This information is confidential and becomes a part of the student's cumulative record.

Name _____ Address _____
School _____ Grade _____ Room _____ Date of Birth _____

HEALTH SCREENING:

Height _____ Weight _____ Visual Acuity: Right _____ Left _____
Hearing Acuity: Right _____ Left _____
Date of Exam _____ Strabismus: _____ Color vision _____

IMMUNIZATION REQUIREMENTS:

Section 3313.671 of the Ohio Revised Code requires children of school age to be immunized against diphtheria, whooping cough, tetanus, polio, rubeola, rubella, mumps and Hepatitis B.

DtaP, DPT, DT					
Polio					
MMR					
Hepatitis B					
Varicella					
Hib					
TB Test		Results			
Other					
Other					

PHYSICAL EXAMINATION:

Surgical History:

Medical History:

Current medical diagnosis:

Allergies:

Medications:

Head and Neck _____
BP _____
Orthopedic _____
Chest _____ Heart _____
Lungs _____ Abdomen _____
Hernia _____ Extremities _____
Neurological _____
Behavioral/Emotional _____

Urinalysis	
Hemoglobin	
Sickle Cell	
Serum Lead	
Other Labs	

Please indicate any physical activity restrictions or required adaptations to physical education program:

Based upon this child's medical history and physical condition at the time of examination, this child is free from apparent communicable disease and is in suitable condition for enrollment in an early childhood education program within Columbus City Schools.

Date of Exam _____ Health Care Provider Signature _____
Phone _____ Provider printed name or stamp _____

FAX Form to (614)365-8745

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