Wilmington City Schools
341 S Nelson Ave
Wilmington, OH 45177

EARLY CHILDHOOD PHYSICAL FORM

Release: I give permission for my physician's office to fax/send this completed form to

East End Preschool:
769 Rombach Ave
Wilmington, OH 45177
Fax: (937) 382-1645

Signature of Parent or legal guardian: _____ Date: _____
Child's name: _____ Date of Birth: _____
Parent's name: _____ Child's Age: _____
Address: _____ Date of Exam: _____
_____

Birth History

Was your child born early, late, or on time? _____
Birth weight? _____
Medications used during pregnancy? _____
_____
_____

Medical History

- Are there any medication or food allergies? _____ If so, please list: _____
  _____
- List any medical problems or diseases your child has/had: _____
  _____
- List any surgeries, hospitalizations, serious injuries, or broken bones: _____
  _____
- Please list any medical problems that run in the immediate family: _____
  _____
- List any problem behaviors your child has exhibited in the past year: _____
  _____

Physical Exam:

**Indicates critical areas required by State law.*
Height* _____
Weight* _____
Blood Pressure _____
Hematocrit* _____
Lead* _____
Hearing*: Right - Pass/Fail
Left - Pass/Fail
Vision*: Right - Pass/Fail
Left - Pass/Fail

Concerns:

_____
_____
_____
_____

Concerns/Recommendations:

_____
_____
_____

Head _____
Eyes _____
Ears _____
Nose _____
Throat _____
Neurological _____
Neck/Thyroid _____
Heart _____
Development _____
_____

Abdomen _____
Genitalia _____
Extremities _____
Spine/Neck _____
Dental _____
Skin _____
Speech _____
Lungs _____

Immunization Record*:
Please indicate month/date/year of each immunization

DTP 1 _____ 2 _____ 3 _____ 4 _____ 5**_____
Polio 1 _____ 2 _____ 3 _____ 4** _____
MMR 1 _____
HIB 1 _____
***the 5th DTP and 4th Polio should be administered just prior to preschool or school entrance*

- Student has had the immunizations required by section 3313.671 of the Ohio Revised Code for the admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers, ***OR***
- is to be exempted from these requirements for medical or religious reasons.

____ Student is free from apparent communicable disease and is in suitable condition to attend a preschool program based upon his/her medical history and physical condition at the time of this examination.

_____ _____
Physician's Signature Date

_____
Physician's Name (Please Print)

Address: _____
_____
_____

Phone: _____