

School Year: _____

WOOD COUNTY EDUCATIONAL SERVICE CENTER
Wood County Preschool Program

Preschool Medical Assessment
(Required of ALL children every 13 months)

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Please complete
both sides

Child _____ DOB _____ M F _____ Parent/Guardian _____

— ALL INFORMATION IN THIS BOX IS REQUIRED —

DOCTOR/NURSE: ALL INFO in this box MUST be completely filled out. You MUST check YES or NO to all screens.

PARENTS: Please review this form BEFORE you leave the office to verify all info in this box is complete and the form is signed/dated. If this form is incomplete it will be returned to you to take back to the doctor's office.

Doctor/Nurse: If you mark "No" you MUST choose a reason why

Was HEMOGLOBIN* checked? Yes No If Yes, record date _____ & Results _____

If No, reason why: Health professional's decision No concerns
 Religious convictions, insurance, other

Was LEAD* checked? Yes No If Yes, record date _____ & Results _____

If No, reason why: Health professional's decision No concerns
 Religious convictions, insurance, other

Was VISION* checked? Yes No If Yes, record date _____ & Results WNL or: _____

If No, reason why: Age (too young)
 Health professional's decision
 Religious convictions, insurance, other

Was HEARING* checked? Yes No If Yes, record date _____ & Results WNL or: _____

If No, reason why: Age (too young)
 Health professional's decision
 Religious convictions, insurance, other

Child's Height: _____ Child's Weight: _____

*Note: If Hemoglobin and/or Lead were checked when the child was younger, they are generally not checked again before kindergarten unless the physician has a concern. Please enter previous date completed and results.

PHYSICAL ASSESSMENT

Optional	Date	Results
TB:	_____	_____
Urinalysis:	_____	_____
Speech:	_____	_____

Does this child have any of the following?

- Heart condition/high blood pressure? Explain: _____
- Neurological condition, seizures, tumor, trauma, etc? Explain: _____
- Orthopedic condition? Please indicate if the child has atlantoaxial dislocation for children with Down Syndrome. Explain: _____

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Preschool Medical Assessment (cont'd)

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Please complete
both sides

Child's Name: _____

- PLEASE ATTACH CHILD'S IMMUNIZATION RECORD -

IMMUNIZATIONS

Yes No This above-named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.

Yes No This above-named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent _____ Date of Signature _____

OTHER

Indicate any limitation or modifications of the child's participation in daily child care or any special treatments. _____

Are any activities contraindicated for this child?

- Running Rotary Vestibular Stimulation Swinging Rolling, rocking
 Somersaults Prone or supine activities Range of motion to all joints Other

Additional comments: _____

If child is determined to need Occupational Therapy Assessment/treatment, may we proceed? Yes No

Allergies: _____

Allergy to latex? Yes No

Medications: _____

Based upon his medical history and physical condition at the time of this examination, this child is free from apparent communicable disease and is in suitable condition for enrollment in a child care facility.

Please type or print name of provider

Physician's Name _____ Phone _____

Address _____ FAX _____

City, State, Zip _____

SIGNATURE OF EXAMINING _____ **DATE OF EXAM** _____

(check one) Physician Physician's Assistant Advanced Practice Nurse

Parents: If you pick up form from dentist, please give to your child's teacher or you/dentist may send it to:
Wood County ESC FAX Number: 419-354-1146 or email to:
1867 North Research Drive (Attn: PS Secretary) preschool@wcsc.org
Bowling Green, Oh 43402