



**MEDICAL FORM
TO BE FILLED OUT BY PEDIATRICIAN**

The Lillian and Betty
Ratner School

WHERE EACH CHILD THRIVES

CHILD'S NAME _____ BIRTHDATE _____

WEIGHT _____ HEIGHT _____ HEAD SIZE _____ BLOOD PRESSURE _____

EXAMINATION: NORMAL _____ ABNORMAL _____ Please indicate abnormalities or problems:

DEVELOPMENT: NORMAL _____ ABNORMAL _____ Please indicate abnormalities or problems:

HEARING: Type of test _____

Date: _____
Results/Comments: _____

VISION: Type of test _____

Date: _____
Acuity: R _____ L _____
Strabismus: yes _____ no _____
Comments: _____

IMMUNIZATION DATES:

DPT	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	Other _____	_____

TEST DATES/RESULTS:

Tuberculin	_____	_____	_____	_____
Hb/Hct	_____	_____	_____	_____
Lead	_____	_____	_____	_____
Urinalysis	_____	_____	_____	Other _____

SIGNIFICANT MEDICAL HISTORY/DISEASES:

ALLERGIES/REACTIONS:

MEDICATIONS:

RESTRICTIONS:

Based upon his/her 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 school or child day care facility. (Required by Section 3313-671 of the Revised Code)

Date of Examination

Pediatrician's Name – (please print)

Phone Number

Pediatrician's Signature

Date of Signature

Address City State Zip