

DISCOVERY SCHOOL
 www.discovery-school.net
 855 Millsboro Road
 Mansfield, Ohio 44903
 419-756-8880
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SCHOOL ENTRANCE MEDICAL RECORD
 (TO BE COMPLETED BY PHYSICIAN)



(Form required for Pre-School through Kindergarten and all new students.)

Name of Student _____ Date of Birth _____ Male Female

Address _____ including City, State, Zip

Home Telephone Number (_____) _____

Father or Guardian's Name _____

Mother's Name _____

EXAMINATION (Date of Examination _____)

Height _____ Weight _____ Allergies _____

Eyes _____ Ears _____ Referred to ear or eye specialist? _____

Dental Health _____ Orthopedic _____

Posture _____ Nervous System _____

Skin _____ Lungs _____

Neck _____ Hernia _____

Abdomen _____ Genitalia _____

Heart _____ General appearance _____

Nutrition _____ Blood lead level _____

Hemoglobin level _____

Remarks & recommendations (Under treatment? On medication? Standing orders? etc.): _____

RECORD OF IMMUNIZATIONS

<u>Date Given</u>	DTP	MMR	OPV / IPV Polio	Hib	Hep B	Other: _____	
Diphtheria ①	_____	Measles ①	_____	①	_____	①	_____
Tetanus ②	_____	Mumps ②	_____	②	_____	②	_____
Pertussis ③	_____	Rubella	_____	③	_____	③	_____
	④		_____	④	_____	④	_____
	⑤		_____	⑤	_____	⑤	_____

Varicella (Chicken Pox) vaccine _____ Tuberculin _____ DT _____

Signature of Physician _____ Date _____ Phone Number _____

 Please print physician's name