



Welsh Hills  
School

2610 Newark Granville Road  
Granville, OH 43023  
(740) 522-2020  
(740)522-1500 fax

## SCHOOL HEALTH EXAMINATION RECORD 2008-2009

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist or Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

### PHYSICIAN'S REPORT

**THIS SECTION MUST BE FILLED OUT AND SIGNED BY YOUR PHYSICIAN.  
THIS SECTION IS REQUIRED BY OHIO STATE LAW**

	Date	Date	Date	Date	Date
DPT	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
HIB-b	(The first must be after 12 months of age and before Kindergarten. The second before 7 <sup>th</sup> grade)				
Hep A	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____

Tuberculin Skin Test: Date \_\_\_\_\_ Type \_\_\_\_\_ Result \_\_\_\_\_

Medical History:

Surgical History:

**Allergies:**

Medications:

**(SEE REVERSE SIDE)** → → →

Height \_\_\_\_\_ Weight \_\_\_\_\_ Posture \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision: R \_\_\_\_\_

L \_\_\_\_\_

<b>Corrected</b>
R _____
L _____

Hearing R \_\_\_\_\_

L \_\_\_\_\_

Physical Assessment: \_\_\_\_\_ Entirely within normal limits

\_\_\_\_\_ Abnormality as follows:

Is there any reason the student cannot participate in a full program of school activities?

Yes \_\_\_\_\_

No \_\_\_\_\_

### Disease History

Rubeola \_\_\_\_\_

Diabetes \_\_\_\_\_

Rubella \_\_\_\_\_

Seizures \_\_\_\_\_

Mumps \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Chickenpox \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Polio \_\_\_\_\_

Whooping Cough \_\_\_\_\_

TB Contact \_\_\_\_\_

List other serious illness, injuries or health conditions that your child has had and give dates:

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List any other information about your child's health that the school staff should know:

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\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**