

PHYSICAL AND IMMUNIZATION RECORD

(To be completed by your child's physician. If your child is currently enrolled, a copy of this form will be on file with the school nurse but may need to be updated.)

Child's Name _____

Birthdate _____

Grade In/Entering _____

Home

Address _____
Street/City
Zip

IMMUNIZATIONS	Date	Date	Date	Date	Date
DTap					
Td					
Polio Sabin (Tri)					
MMR					
Measles					
Rubella					
Mumps					
Hepatitis B					
HIB					
Varicella					
Meningococcal Meningitis					

Physician must complete bottom portion of this form for all PreK -12th grade students who are new enrollees.

Please list diseases and other serious illness, injuries or health conditions pertaining to this child and give dates (year only):

_____ Year _____

_____ Year _____

_____ Year _____

_____ Year _____

Allergies: _____

Physical Assessment: (Check One)

_____ Within normal limits.

_____ Abnormalities as follows:

The student is physically able to carry out a full program of school work and all athletics.

___ Yes ___ No

If no, state reason:

Signature of Examining Physician _____

Date: ____/____/____ Office Phone Number ____-____-____

Please be advised that physical and immunization records need to be turned in within the first 2 weeks of school or your child will not be able to attend school per the Ohio Department of Health.

If your Doctor has given you a physical and immunization record you may turn those in instead.

If your child plays sports they will also have to complete the OSHA form through Final Forms.

If you have any questions please contact Nurse Missy at mcottage@mcaschool.net.