

# 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 -12<sup>th</sup> 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](mailto:mcottage@mcaschool.net).