CINCINNATI PUBLIC SCHOOLS
PREPARING STUDENTS FOR LIFE
Through Academic Achievement
Personal Well-Being
Career Readiness

Physical Examination/ Assessment Form

Please return exam results to:

Cincinnati Public Schools
2651 Burnet Avenue, Cincinnati, Ohio 45219
Telephone: 513-363-0240 Fax: 513-363-0245

PARENTS: State Licensing requires a physical exam, please return or fax this form when completed.

Child's Name _____ **Sex:** ☐**M** ☐**F** **D.O.B.**_____
Parent/Guardian's Name _____ **Phone**_____
Address _____ **Zip**_____ **Center** _____

Required Screenings:

Lead Test Results: _____ **Date Completed:** _____ **HCT/HGB:** _____ **Date Completed:** _____

Blood Pressure: ___/___ **Height:** _____ **Weight:** _____ **Vision:** P / F **Hearing:** P / F

General Exam:

Evaluation	Normal	Abnormal	Evaluation	Normal	Abnormal
Skin			Abdomen & Groin		
Posture, Gait			Genitalia & Urinary		
Speech, Communication			Bones, Joints		
Head			Neurological		
Eyes			Gross & Fine Motor		
Ears			Muscles		
Nose			Cognitive		
Mouth, Teeth, etc.			Self Help		
Heart & Circulatory			Social Skills		
Chest & Lungs			Glands Thyroid, Lymph		
Weight			Other:		

Allergies: _____

Chronic Conditions: _____ **Immunizations on Schedule? __ Yes __ No**
(Please attach copy of immunizations)

ABNORMAL FINDINGS/DIAGNOSIS	PLAN OF ACTION	RECOMMENDED FOLLOW-UP AND TIME FRAME

This child has been examined and is in suitable condition for participation in group care. The child has had the age appropriate immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school; or has had the immunization required by Ohio Department of Health for infant and toddlers; or is to be exempted from immunizations for the following reasons:
_____.

Practice/Clinic Name & Address: _____
Phone Number: _____ **Fax Number:** _____ **Exam Date:** _____
Physician (please print): _____ **Physician Signature:** _____