



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: _____