



# Parma Heights Christian Academy

Preparing Children for God's Service

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8971 W Ridgewood Dr., Parma Heights, OH 44130

## Student Physical Exam Form to be Completed by Physician

CUYAHOGA COUNTY BOARD OF HEALTH DIVISION OF NURSING

Student Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

**Immunization Information:** Please complete the entire date including day, month and year. You may attach a printout of the immunizations as well.

DTaP/DT/Tdap/Td	1.	2.	3.	4.	5.
Polio-OPV/IPV	1.	2.	3.	4.	
Hib	1.	2.	3.	4.	
HEP B	1.	2.	3.	4.	
MMR	1.	2.	Hepatitis A	1.	2.
Varicella	1.	2.	3.	Other:	

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Examination: Date: \_\_\_\_\_ Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_

Remarks and recommendations concerning abnormal findings: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Development: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

**Chronic Health Concerns:** Asthma  Seizure Disorder  ADD/ADHD  Diabetes   
Other: \_\_\_\_\_

Was child referred to a specialist for any reason? Explain \_\_\_\_\_

**Special Tests** (at discretion of physician):

Urinalysis \_\_\_\_\_ Hemoglobin \_\_\_\_\_  
Lead \_\_\_\_\_ Sickle Cell \_\_\_\_\_  
Tuberculin test (most recent) Date \_\_\_\_\_ Type \_\_\_\_\_ Results: Positive  Negative   
Other \_\_\_\_\_

**Hearing:** Type of test \_\_\_\_\_ Results \_\_\_\_\_ Comments \_\_\_\_\_

**Vision:** Acuity Right - 20/ \_\_\_\_\_ Left - 20/ \_\_\_\_\_ Strabismus: Yes  No  Comments \_\_\_\_\_

**Medications:**

Name of Medication/Dosage/Frequency \_\_\_\_\_

Reason for medication \_\_\_\_\_

**Complete a separate form for medication administration if the child needs a prescription or OTC medication in school.**

Physician name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

Street Address / City / State/ Zip \_\_\_\_\_

**Based on examination consistent with EPSDT/Headstart/AAP guidelines. I certify this child is in suitable condition for enrollment in school.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_