

Anthony Wayne Local Schools
PHYSICIAN'S REPORT FOR KINDERGARTEN

Student's Name	Sex (circle) Male Female	Date of Birth
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Health History (Serious or chronic illnesses/injuries/surgeries/medications)

Physical Examination (Date: _____)

Essentially Normal Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical education classes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

IMMUNIZATIONS

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).

A copy of the child's immunization record may be attached or dates may be entered below.

	Date	Date	Date	Date	Date
DTAP					
Polio					
Hepatitis B					
MMR					
Varicella					

Health Care Provider's Signature	Address
Print Name	
Date	Phone Number