



# Welsh Hills School

2610 Newark Granville Road Granville, OH 43023  
phone: (740) 522-2020 fax: (740) 920-4326

## MEDICAL EXAMINATION RECORD

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

### PHYSICIAN'S REPORT

**THIS SECTION MUST BE FILLED OUT AND SIGNED BY YOUR PHYSICIAN.  
THIS SECTION IS REQUIRED BY OHIO STATE LAW**

	Date	Date	Date	Date	Date
DPT	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
HIB-b	(The first must be after 12 months of age and before Kindergarten. The second before 7 <sup>th</sup> grade)				
Hep A	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____

Tuberculin Skin Test: Date \_\_\_\_\_ Type \_\_\_\_\_ Result \_\_\_\_\_

Medical History:

Surgical History:

**Allergies:**

Medications:

**(SEE REVERSE SIDE)**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Posture \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision: R \_\_\_\_\_ **Corrected** R \_\_\_\_\_ Hearing R \_\_\_\_\_  
L \_\_\_\_\_ L \_\_\_\_\_ L \_\_\_\_\_

Physical Assessment: \_\_\_\_\_ Entirely within normal limits  
\_\_\_\_\_ Abnormality as follows:

Is there any reason the student cannot participate in a full program of school activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Disease History**

Rubeola _____	Diabetes _____
Rubella _____	Seizures _____
Mumps _____	Rheumatic Fever _____
Chickenpox _____	Scarlet Fever _____
Asthma _____	Polio _____
Whooping Cough _____	TB Contact _____

List other serious illness, injuries or health conditions that your child has had and give dates:  
\_\_\_\_\_  
\_\_\_\_\_

List any other information about your child's health that the school staff should know:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**