

# STUDENT HEALTH FORM

**Pre-Kindergarten (3-5 yrs. Old)  
2020-2021 SCHOOL YEAR**

Mansfield Christian School

500 Logan Road

Mansfield, OH 44907

## REQUIRED IMMUNIZATIONS

**Note to Parents:** Mansfield Christian School also requests a copy of the immunization record on either the physician's office form or the county health department form to accompany this health record. DAY, MONTH AND YEAR OF EACH DOSE IS REQUIRED. (Attached please see the state requirements)

Name:		Date:
Phone:		Grade:
Home Address:	City:	Zip:
Student Birthdate:		Sex:
Parent(s) or Legal Guardian:		
Indicate your child's past/present disease(s):		
<input type="checkbox"/> Heart	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Diabetes <input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> German Measles	<input type="checkbox"/> Old Fashioned Measles <input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other
Is your child on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate the medication and reason for it being taken:		
Do any health and/or medical conditions require school restrictions, modifications, and /or intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please explain.		
Physical Activity: Limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If child has limitations, please send a note from your physician to the school.		
Does student have a physical handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		Has student ever had a convulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Is your child on a modified diet? _____ Type _____		
Does student have trouble with bladder control? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is student a bed wetter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state any health problems you wish the school to know about:		Would you say student is: <input type="checkbox"/> very active, <input type="checkbox"/> average, <input type="checkbox"/> quiet
List dates and reasons of any hospitalizations:		
Please indicate any allergies your child may have <b>and the severity</b> :		
<b>Allergy Type</b>	<b>Reaction</b>	<b>School restrictions or recommended actions:</b>
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		
<b>Form completed by:</b>	<b>Relationship to student</b>	<b>Date:</b>

# Mansfield Christian School

500 Logan Road  
Mansfield, OH 44907  
(419) 756-5651 ext. 224 Fax (419) 756-7470

## RECOMMENDED ITEMS FOR MANDATED OHIO PRESCHOOL PHYSICAL – PHYSICAL ASSESSMENTS\*

<b>DESCRIBE FULLY ANY ABNORMALITIES:</b>								
Did examination reveal any abnormalities in the following areas:								
	Yes	No		Yes	No		Yes	No
General Appearance			Neuro Muscular			Skeletal System		
Abdomen			Skin			Lymph Nodes		
Eyes			Ears			Nose-Throat		
Lungs			Genitalia			Teeth/Gums		
Tongue and Palate			Heart BP _____					
HCT> 34% is acceptable for 3-4 year old _____ HCT> 36% is acceptable for 4-5 year old _____ HCB> is acceptable for all ages _____								
WEIGHT: _____    WEIGHT: _____    HEAD: (inches) _____    BLOOD PRESSURE: _____								

<b>PRESCHOOL PHYSICAL EXAM DATE:</b>	<b>PHYSICIANS NAME:</b>	<b>PHYSICIANS SIGNATURE:</b>
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**PHYSICIANS ADDRESS:**

As the state requires yearly physicals, this exam is best done after June 1<sup>st</sup> and prior to school starting. This will prevent the expiration of the physical during the school year. **However**, your child **MUST** have a current physical, signed by the Dr. and on file at Mansfield Christian School before the school year begins. If your child's physical does expire during the school year, he/she **MUST** have an updated physical on or before the expiration date in order to attend school without interruption. If the physical expires during the school year, your child will not be permitted to attend school until an updated physical form signed by the Dr. has been submitted.

\*\* (For the above mandate) Rules 3301-37-05 and 3301-12 of the Ohio Administrative Code