



# BISHOP FLAGET S C H O O L

## EARLY CHILDHOOD EDUCATION PHYSICAL FORM

*In order for your child's acceptance to the Bishop Flaget Early Learning Program to be complete, this physical form must be completed by your child's physician and returned to the school, along with immunization records, prior to your child beginning classes. The school nurse will examine said records to determine that required immunizations are up-to-date and that your child's health, according to the physician statement, is suitable to attend classes at Bishop Flaget preschool.*

This is to certify that I have examined:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**PHYSICAL EXAM:** General Development: \_\_\_\_\_

Nutrition: \_\_\_\_\_

Head: \_\_\_\_\_ Chest: \_\_\_\_\_ Lungs: \_\_\_\_\_

Eyes: \_\_\_\_\_ Heart: \_\_\_\_\_ Ears: \_\_\_\_\_

Nose: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Throat: \_\_\_\_\_

Extremities: \_\_\_\_\_ Mouth: \_\_\_\_\_ Skin: \_\_\_\_\_

Neck: \_\_\_\_\_ Back: \_\_\_\_\_ Reflexes: \_\_\_\_\_

**LAB FINDINGS:** Hgb or HCT \_\_\_\_\_ Urine Dipstick (optional) \_\_\_\_\_  
Lead Screen \_\_\_\_\_ TB screen (as directed) \_\_\_\_\_

### TREATMENTS, REFERRALS and/or ONGOING MEDICAL CONDITIONS

<b>IMMUNIZATIONS:</b>	DTP	1. _____	2. _____	3. _____	4. _____	5. _____
	OPV	1. _____	2. _____	3. _____	4. _____	
	Hib	1. _____	2. _____	3. _____	4. _____	
	Hep B	1. _____	2. _____	3. _____		
	MMR	1. _____	2. _____	Varicella	1. _____	2. _____

Is the child up to date on immunizations at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above question is "No", what is needed?

This is to certify that I have examined the above named child on (Date of Exam) \_\_\_\_\_ and have found the he/she is free from apparent communicable disease and is in suitable condition to attend a preschool program (Early Childhood Program), based on his/her medical history and physical condition.

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

Physician's Name (please print) \_\_\_\_\_

Physician Address/Phone: \_\_\_\_\_

At registration and at regular intervals throughout the school year, Bishop Flaget School will verify that students have received comprehensive health screenings. The Bishop Flaget School nurse will conduct and or coordinate all of the following screenings:

- Vision
- Height
- Weight
- Hearing
- Dental Hygiene

Students will also be required to have completed Early Learning Medical Forms for entrance. Families who need help obtaining health screenings should contact Mrs. Corcoran in the school office for a referral to community resources for screenings. Many of these services are available from the Ross County Health Department at 740-775-1146 or online at <http://rosscountyhealth.org/>.

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Principal Laura Corcoran