HAMILTON HEIGHTS PRESCHOOL PHYSICAL FORM

(Please return this form when it has been completed by your child's physician)

Indiana State Law requires all students enrolling in a school corporation to be immunized against Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Varicella, Hepatitis A and Hepatitis B. Our school corporation also recommends that your child have a complete physical examination before entering school.

Name of Child_____ Date of Birth_____Sex_____

Address_____ Home Phone _____

Parent/Guardian Name_____

_____ _____ _____ _____

Mother's Work Phone # Mother's Cell Phone # Father's Work Phone # Father's Cell Phone #

Physician's Name_____ Telephone_____

IMMUNIZATION RECORD

Diphtheria/Pertussis/Tetanus (DPT or DTaP or DT) #1_____ #2_____ #3_____ #4_____ #5_____

Polio (OPV or IPV) #1_____ #2_____ #3_____ #4_____

Measles/Mumps/Rubella (MMR) #1_____ #2_____ **Hepatitis A** #1_____ #2_____

Hepatitis B #1_____ #2_____ #3_____

Varicella (Vaccine) #1_____ #2_____ **Chicken Pox Disease**_____ (*Date*)

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TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

HEIGHT_____ WEIGHT_____ BP_____ HR_____

Eyes_____ __ Ears_____

Visual Acuity R_20/_____L_20/_____ (REQUIRED) Hearing (gross)_____
Wears Glasses_____

Nose	_____	Skin	_____
Throat	_____	Lymph	_____
Mouth/Gums	_____	Abdomen	_____
Teeth	_____	Orthopedic	_____
Heart	_____	Reflexes	_____
Lungs	_____	Genitalia/Hernia	_____

Physically fit to participate in physical education program? YES_____ NO_____
Competitive Sports? YES _____NO_____

Restrictions?_____ Please explain_____
_____
_____
_____

Date of Exam : _____ Office Phone:_____ Physician's Signature_____