

Board Policy H-1 Attachment E

**LAKE COUNTY BOARD OF DD/DEEPWOOD
BROADMOOR SCHOOL 8090 Broadmoor Rd., Mentor, Oh 44060**

**Broadmoor School
Preschool – Physical & School Age Update**

Name of Child: _____

Parent/Guardian: _____

DOB: _____

Immunization Record:	Dose 1	Dose 2	Dose 3	Dose 4
DPT DtaP/DT/Td				
Polio (OPV/IPV)				
MMR		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Hib				
HEP				XXXXXXXXXX
COMVAX				XXXXXXXXXX
COVID				

Height: _____ Weight: _____ Teeth (T): _____ (P): _____

Required Testing:

TB Mantoux Test: _____ (date) / _____ (result) OR

Chest X-Ray if Mantoux is Positive: _____ (date) / _____ (result) OR

Negative Risk Assessment: _____

HCT: _____ date / _____ result Follow up: Yes _____ No _____

Lead: _____ date / _____ result Follow up: Yes _____ No _____

Vision Screening: Date Done: _____

Distance Acuity	Right:	Left:	
Muscle Balance	Pass:	Fail:	Not Done:
Farsightedness	Pass:	Fail:	Not Done:
Color	Pass:	Fail:	Not Done:
Child Wears Glasses?	Yes:	No:	
Tested with Glasses?	Yes:	No:	
Referral Made?	Yes:	No:	

Hearing Screening: Date Done: _____

Audiometric Results Right Ear	Pass:	Fail:	Not Done:
Audiometric Results Left Ear	Pass:	Fail:	Not Done:
Child Wears Hearing Aid?	Yes:	No:	
Tested with Hearing Aid?	Yes:	No:	
Referral Made:	Yes:	No:	

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Name of Child: _____

PHYSICAL EXAMINATION:

	Findings		Findings
Head		Lungs	
Nose		Abdomen	
Mouth		Genitalia	
Throat		Rectum	
Teeth		Extremities	
Neck		Back	
Heart		Skin	

Current Medication(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that no communicable disease is evident at the time of this examination and the child is in suitable condition for enrollment in a pre-school program.

Physician's Signature

Physician's Name & Address

Date of Exam

