



MEDICAL EXAMINATION FORM

New Hope Christian Academy
2264 Walnut Creek Pike
Circleville, Ohio 43113
nhchristianacademy.org | 740-477-6427

Name _____ DOB _____ Exam Date _____

1.) Child has had the immunizations required by Section 3313671 of Revised Code for admission to school, or has had the immunizations required by the State Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons. If this child is delinquent with immunizations, please either have immunization given as soon as possible and notify the school as to the date given; or submit a written notice stating why the child is not current (i.e. health), and the plan for completion.

2.) IMMUNIZATION RECORD:

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Polio 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
HIB 1 _____ 2 _____ 3 _____ 4 _____ HEP B 1 _____ 2 _____ 3 _____
MMR 1 _____ 2 _____ Varicella (chicken pox) 1 _____ 2 _____
MCV4/MPSV4* 1 _____ 2 _____ Meningococcal* 1 _____ 2 _____ TDAP/TD* 1 _____

***7-12th grade**

3.) Age _____ Height _____ Weight _____

4.) GENERAL APPEARANCE AND NUTRITION

A. skin/scalp	E. nose/throat	I. lungs	M. posture
B. head	F. teeth	J. abdomen	N. nervous system
C. eyes	G. lymph nodes	K. genitalia	O. emotional behavior
D. ears	H. heart	L. skeleton	

Remarks/recommendations, special tests, Hemoglobin, etc.:

5.) AMOUNT OF PLAYGROUND PARTICIPATION ALLOWED FOR THIS CHILD:

Normal _____ Limited _____ (If limited, please specify limitations.)

6.) Based on the medical history and physical condition at the time of this examination, he/she is free from apparent communicable disease and is in suitable health for enrollment in a childcare/school facility.

Yes _____ No _____

Physician's Signature _____ Date _____

Address _____ City/State/Zip _____