PRESCHOOL/PRE-KINDERGARTEN PHYSICIAN'S Form QUEEN OF PEACE SCHOOL 2550 MILLVILLE AVE., HAMILTON, OH. 45013

513-863-8705 (Fax) 513-863-4310

				D.O.B	Ht	W1	B.P
Last Name	First		Middle				
General appearanc	e, nutritional st	ate, vitality					
Skin (color, condit	ion, eruptions?)						
Head (size, shape,	symmetry?)					(5. C.)	
Head (size, snape, Ears (right)		(left)	Hea	ıring (right)		(left)	
Eyes (right)		(left)	Vis	ion (right)		(left)	
Nose							
Throat							
Neck (lymph node	•						
Chest							
Heart							
Lungs							
Abdomen (hernia?	")						
Genitalia							
Posture & extremi							
Neurological							
Comments on Em							
Speech Difficulty							
Other, including la	ab reports	C 11	P 1 . I	. 1: o monostico	and athletics?		
Is this child capab	le of carrying a	full program of	school work inch	ading gymnastics	and admedies?		
YESNO _	Recommen	ded restrictions	<u> </u>				
		MEDICA	L CERTIFICAT	ION OR IMMIII	NIZATION		
		MEDICA	L CERTIFICAT	ION OR MINIO	11211111		
Butler County Hea	alth Denartment	remires docto	r's confirmation o	f occurrence of co	mmunicable dis	sease.	
	arm Bopurdinoin			2 nd Date	3 rd Date	4 th Date	5 th Date
DISEASE							
DTaP, DPT or DT	•						
Dian, or i or a							
DT/Td				4.4444.44		ALAMMATATA	
Polio							
MMR (Measles-M	Iumps-Rubella)						
Hepatitis B Vaccin	ne					<u></u>	
-							
Varicella (Chicket	n pox)						
Hib						<u></u>	
					V 15		
Date	Physician's S	Signature	Phy	rsician's Name (Pi	rınted)		
			, , , , , , , , ,				
Physician's Addr PRESCHOOL	ess	Ph	ysician's Telephor	ie	1		

- Preschool students are required to have:
 - 4 doses of DPT or DTaP.
 - 3 doses of Polio vaccine.
 - 1 dose of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1st birthday.
 - 3 doses of Hepatitis B vaccine.
 - 3 or 4 doses of HIB. Number of doses will vary with the type of vaccine used.

KINDERGARTEN, GRADES 1 - 4 PHYSICIAN'S FORM **QUEEN OF PEACE SCHOOL** 2550 MILLVILLE AVE., HAMILTON, OH. 45013

513-863-8705 (Fax) 513-863-4310

			D.O.B	Ht	_Wt	B.P
Last Name	First	Middle				
	ce, nutritional state, vitali					
Skin (color, condi	tion, eruptions?)					
Head (size, shape,	symmetry?)				(1.56)	
Ears (right)	symmetry()(left) _	He	earing (right)		(left)	
Eyes (right)	(lelt) _	V1	sion (ngm)		(left)	
Nose						
Throat			A STATE OF THE STA			
	es and thyroid)					
· ·	?)					
Genitalia	ities (including skeletal al	1:4:>				
Posture & extremi	ities (including skeletal al	onormanues)				
Neurological	otional Behavior					
Comments on Em	otional Benavior					
	-1					
Other, including I	ab reports le of carrying a full prog	cam of school work inc	luding gymnastics a	and athletics?		
Is this child capab	Recommended restr	ictions	rading gymnastics (
1E2 NO _	Necommended resu					
	ME	DICAL CERTIFICAT	<u>ΓΙΟΝ OR IMMUN</u>	VIZATION		
Butler County He	alth Department requires	doctor's confirmation	of occurrence of co	mmunicable dise 3 rd Date	ease. 4 th Date_	5 th Date
DISEASE		1 st Date	2 nd Date	3" Date	4 Date	J Date
DTaP, DPT or D7	Γ	ALL AND THE STATE OF THE STATE		A AMADAMAT III.		
DT/Td						-
Polio						
MMR (Measles-N	Aumne Ruhella)					_
WHYER (Wicasics-1	numps ixuocnu)					
Hepatitis B Vacci	ine					
Tiepautis B vaces			•			
Varicella (Chicke	en pox)					-
	. /					
Hib		- W.				
Date	Physician's Signatur	<u> </u>	Physician's N	Name (Printed) _		
And the second s			–			
Physician's Addr	ess	Ph	ysician's Telephon	e	- 1/4	

Kindergarten . Grades 1 - 4 students are required to have:

- 4 doses of DPT or DTaP. Those who received the 4th dose before their 4th birthday must receive 1 more dose.
- 3 doses of Polio vaccine. Those who received the 3rd dose before their 4th birthday, must receive 1 more dose.
- 2 doses of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1st birthday. The second dose must be administered at least 28 days after the first dose.
- 3 doses of Hepatitis B vaccine.
- 1 dose of Varicella vaccine (Chicken pox) or a signed statement from the student's physician, parent or guardian stating the student had natural Chicken pox.

GRADES 5 - 8 PHYSICIAN'S FORM QUEEN OF PEACE SCHOOL 2550 MILLVILLE AVE., HAMILTON, OH. 45013 513-863-8705 (Fax) 513-863-4310

			D.O.B	Ht V	/t	•
Last Name	First	Middle				
General appearanc	e, nutritional state, v	itality				
Skin (color, condit	ion, eruptions?)					
*						
Ears (right)	(le	ft)	Hearing (right)		(left)	
Eves (right)	(le	ft)	Vision (right)		(left)	
Nose						
Throat						
Neck (lymph node	s and thyroid)					
Chest					ATT 1	
Heart						
Lungs						
		THE STATE OF THE S				
Genitalia	C - Cl-din - alcalat	al abnormalities)				
Posture & extremi	ties (including skele	ai aunormantics)				
Neurological	ational Rehavior					
Comments on End	Olioliai Beliavioi					
Other including le	h rangete					
To this shild cough	le of carrying a full r	program of school work i	including gymnastics	and athletics?		
YES NO	Recommended	estrictions				
120						
		MEDICAL CERTIFIC	ATION OR IMMU	NIZATION		
Butler County Hea	alth Department requ	iires doctor's confirmation	on of occurrence of co	mmunicable diseas	e. 4 th Date	5 th Date
DISEASE		1 st Date	2 nd Date	3 rd Date	4 Date	J Date
DTaP, DPT or DT	7	<u></u>				
DT/Td						
Polio						
MMR (Measles-M	1umps-Rubella)					
Hepatitis B Vacci	ne					
Varicella (Chicke	n pox)					
Hib						
Tdap						
To a	Dheraiate	Physician's Signature Physician's Name (Printed)				
Date	Physica	Phy	vsician's Telephone	******* V * ****** * * * * * * * * * *		
rnysician's Addre	C99					

<u>GRADES 5 - 8</u>

Grades 5 - 8 students are required to have:

- 4 doses of DPT or DTaP. Those who received the 4th dose before their 4th birthday must receive 1 more dose.
- 3 doses of Polio vaccine. Those who received the 3rd dose before their 4th birthday, must receive 1 more dose.
- 2 doses of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1st birthday. The second dose must be administered at least 28 days after the first dose.
- 3 doses of Hepatitis B vaccine.
- Tdap required for entering 7th and/or 8th graders