



217 East Front Street, Perrysburg, OH 43551 (419) 874-5631 Fax (419) 874-1002

Physician's Report

Child's Name: _____ Birth Date: _____ Male: _____ Female: _____

Immunizations:

DTP	1 _____	2 _____	3 _____	4 _____	5 _____
Polio	1 _____	2 _____	3 _____	4 _____	5 _____
MMR	1 _____	2 _____			
Hep B	1 _____	2 _____	3 _____		
HIB	1 _____	2 _____	3 _____	4 _____	
Varicella1	_____	2 _____			

Screening Tests:

Vision (Pass/Fail)	Hearing (Pass/Fail)
Glasses (Yes/No)	Pure Tone R _____ L _____
Distance Acuity R _____ L _____	Impedance R _____ L _____
Muscle Balance R _____ L _____	Tubes (Yes/ No)
Farsightedness R _____ L _____	Date Placed _____
Color (Pass/Fail)	

Physical Exam:

Essentially Normal: _____ Abnormalities as listed: _____

Is this child able to participate in all school activities? Yes _____ No _____

If no, please explain: _____

This is to certify that the above named student has been seen in our office and is in suitable condition to attend preschool/kindergarten program. (Print or Stamp below:)

Signature: _____ Physician Name: _____

Date of Exam: _____ Address: _____

Phone: _____