



*Lexington
Local Schools*

Lexington Preschool
890 West 4th Street
Mansfield, Ohio 44903
419-884-1111 ext. 6500

Name: _____ DOB: _____

Date of Physical: _____ Age: _____ Weight: _____ Height: _____

PHYSICAL EXAM TO BE FILLED IN & SIGNED BY PHYSICIAN

☐ Essentially Normal
☐ Abnormalities as follows:

Posture/Gait: _____
Skin: _____
Eyes/Vision: _____
Throat (tonsils): _____
Ears/Hearing: _____
Mouth (teeth) _____
Speech/Language: _____
Treatments of Allergies: _____

Lungs: _____
Abdomen: _____
Genitalia: _____
Emotional: _____
Neurological: _____
Heart: _____
ALLERGIES: _____

LABORATORY TESTS (* = required for preschool)

*Hgb _____ *Hct _____ *Lead _____ Urinalysis (optional) _____

Signature required here if physician determines the above laboratory tests are not necessary for this child. Physician's signature: _____

May this student carry a full physical education program? _____

Please explain any restrictions: _____

What medication, if any, is the child taking? _____

PHYSICIAN'S ASSESSMENT

Problem	Recommendation for School Management
1. _____	_____
2. _____	_____

Physician's Name: _____ Office Phone: _____

Physician's Signature: _____ Date: _____

*****SEE OTHER SIDE FOR IMMUNIZATION REQUIREMENTS*****

Immunization Requirements for Preschool

Effective 2016-2017 School Year

Vaccine	Requirements
DtaP/DT	4 doses
Hib	3 or 4 doses given before 15 months or 1 dose if after 15 months
Hep A	1 dose after first birthday
Hep B	3 doses
Influenza	1 dose yearly age 6 months through age 6
MMR	1 dose after first birthday
Pneumococcal	2 or 4 doses depending on age at first dose
Polio	3 doses
Varivax	1 dose

Immunization Requirements for Kindergarten

Effective 2016-2017 School Year

DtaP/DT	4 doses including a booster after 4 th birthday
MMR	2 doses after first birthday
Hep B	3 doses
Polio	3 doses including a booster after 4 th birthday
Varivax	2 doses or history of chicken pox disease

Immunization Requirements for Grade 7

Effective 2016-2017 School Year

DtaP/DT	Booster
Meningitis	1 dose

IMMUNIZATION RECORD

DtaP/DT	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Hib	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Hep A	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Hep B	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Influenza	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
MMR	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Pneumococcal	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Polio	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Varivax	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other:	<u> </u>	<u> </u>	<u> </u>	Date: <u> </u>	
TB:	Date: <u> </u>	Test: <u> </u>	Result: <u> </u>		