BUTLER COUNTY EDUCATIONAL SERVICE CENTER
400 North Erie Blvd., Suite A Hamilton, OH 45011
EARLY CHILDHOOD PROGRAMS
Phone: (513) 887-3716 Fax: (513) 964-9655

PHYSICAL FORM

Child's Name ________________________________ Sex: ☐ M ☐ F DOB: ______________________________

Parent/Guardian Name ____ Home Phone ____________________

Address ____ Work Phone _____________________

____ Zip ____________________________

Center ____

***REQUIRED Hgb/Hct: ____________ Date: ___________ (per EPSDT)**

LEAD: _____________ Date: __________ (per EPSDT) *After Age Two

☐ Completed in office ☐ Lab slip given

BLOOD PRESSURE (3 yrs & >) ____________ Height ___________Weight __________ Head Circumference _______________

Medical/Food Allergies: ____

(If Food Allergy noted please complete Medical Statement for Students with Special Dietary Needs)

HEARING							
DATE MO/DA/YR	AUDIOMETRY RESULTS (Pass/Fail)		OTHER TESTS (Specify)		NORMAL	UNDER CARE	DATE REFERRED
	R	L	R	L			

VISION							
DATE MO/DA/YR	DISTANCE ACUITY		STEREOPSIS		NORMAL	UNDER CARE	DATE REFERRED
	R	L	P	F			

Assessment:

__________ General Appearance __________ Eyes __________ Lungs _________ Skeletal System

__________ Skin __________ Ears __________ Abdomen _________ Neuro Muscular

__________ Lymph Nodes __________ Nose/Throat __________ Genitalia _________Heart

__________Oral Screening

Medications: ____

Describe any concerns or limitations:

____

____

Based upon the medical history and physical condition at the time of this examination, he/she is free from communicable disease and has received immunizations required by statute for admission to school under Section 3313.671 of the Ohio Revised Code, or has had the immunizations required by the State Department of Health for infant and toddlers. In addition, the child is in suitable condition for enrollment in a day care center.

Physician's Signature ________________________________ **Date of Examination:** ______________________________

Business Address ____ Business Phone ______________________

*****PLEASE ATTACH IMMUNIZATIONS**