Mayfield City Schools
Physician's Statement for Preschool

Student's name	Sex ☐Male ☐Female	Date of birth / /
The following information is REQUIRED for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program		Reason not completed (Check which applies)

Assessments/Screenings	Results		Medical Inter-vention ?	Date completed	Professional Decision	Reason: such as religious, insurance coverage
height/weight/BMI percentile			Yes No			
Vision screening	20/____	20/__	Yes No			
Hearing @ 1000, 2000, 4000 mHz at 20 dbl	Pass	Fail	Yes No			
dental	WNL	XXXX	Yes No			
hematocrit	ug/dL	WNL	Yes No			
lead (circle) venous or capillary	ug/dL	WNL	Yes No			
Tuberculin test: Is child at risk according to CDC risk assessment survey?	No	Yes	Results : neg pos			

Immunizations: Up-to-date Yes No-Reason_____

Attach a copy of the immunization record

Speech/Language: Speech assessment completed ☐Yes ☐No Child has no discernible speech problem ☐Yes ☐No
Speech evaluation has been recommended ☐Yes ☐No Child has possible problem with _____
_____

Health History (serious or chronic illnesses/injuries/surgeries) _____
_____

Date of most recent Physical Exam _____/_____/_____

1. ☐WNL ☐Abnormalities as follows:
   _____
   _____
2. This child is able to participate fully in: Physical education class ☐Yes ☐No Competition athletics ☐Yes ☐No
   Contact/collision sports ☐Yes ☐No Classroom/academic activities ☐Yes ☐No

   If not, please specify restrictions:_____
3. Does this child have dietary restrictions? ☐No ☐Yes, please elaborate_____
   _____
4. Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?
   _____
   _____

Healthcare Providers Signature_____Printed Name_____

Addresss_____Phone_____

If this child requires any special medical services during the school day, additional detailed instructions are required. Forms such as Asthma Action Plans, Diabetes Medical Management Plans, Seizure Action Plans, Authorization to Administer Medications can be accessed on our website at: www.mayfieldschools.org , click on Families, Health Services. Forms can be faxed to 440-995-6805

9/26/17