

**PRESCHOOL PHYSICIAN'S FORM 2014-2015**  
**QUEEN OF PEACE SCHOOL**  
**2550 MILLVILLE AVE., HAMILTON, OH. 45013 863-8705**

\_\_\_\_\_ D.O.B. \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ B.P. \_\_\_\_\_  
 Last Name First Middle

General appearance, nutritional state, vitality \_\_\_\_\_  
 Skin (color, condition, eruptions?) \_\_\_\_\_  
 Head (size, shape, symmetry?) \_\_\_\_\_  
 Ears (right) \_\_\_\_\_ (left) \_\_\_\_\_ Hearing (right) \_\_\_\_\_ (left) \_\_\_\_\_  
 Eyes (right) \_\_\_\_\_ (left) \_\_\_\_\_ Vision (right) \_\_\_\_\_ (left) \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck (lymph nodes and thyroid) \_\_\_\_\_  
 Chest \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Abdomen (hernia?) \_\_\_\_\_  
 Genitalia \_\_\_\_\_  
 Posture & extremities (including skeletal abnormalities) \_\_\_\_\_  
 Neurological \_\_\_\_\_  
 Comments on Emotional Behavior \_\_\_\_\_  
 Speech Difficulty \_\_\_\_\_  
 Other, including lab reports \_\_\_\_\_  
 Is this child capable of carrying a full program of school work including gymnastics and athletics?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ Recommended restrictions \_\_\_\_\_

**MEDICAL CERTIFICATION OR IMMUNIZATION**

Butler County Health Department requires doctor's confirmation of occurrence of communicable disease.

DISEASE	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
DTaP, DPT or DT	_____	_____	_____	_____	_____
DT/Td	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR (Measles-Mumps-Rubella)	_____	_____	_____	_____	_____
Hepatitis B Vaccine	_____	_____	_____	_____	_____
Varicella (Chicken pox)	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_

PRESCHOOL Telephone \_\_\_\_\_

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 1<sup>st</sup> birthday.
- 3 doses of Hepatitis B vaccine.

**KINDERGARTEN, GRADES 1 - 4 PHYSICIAN'S FORM 2014-2015**  
**QUEEN OF PEACE SCHOOL 2550 MILLVILLE AVE., HAMILTON, OH. 45013 863-8705**

\_\_\_\_\_ D.O.B. \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ B.P. \_\_\_\_\_  
 Last Name First Middle

General appearance, nutritional state, vitality \_\_\_\_\_  
 Skin (color, condition, eruptions?) \_\_\_\_\_  
 Head (size, shape, symmetry?) \_\_\_\_\_  
 Ears (right) \_\_\_\_\_ (left) \_\_\_\_\_ Hearing (right) \_\_\_\_\_ (left) \_\_\_\_\_  
 Eyes (right) \_\_\_\_\_ (left) \_\_\_\_\_ Vision (right) \_\_\_\_\_ (left) \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Neck (lymph nodes and thyroid) \_\_\_\_\_  
 Chest \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Abdomen (hernia?) \_\_\_\_\_  
 Genitalia \_\_\_\_\_  
 Posture & extremities (including skeletal abnormalities) \_\_\_\_\_  
 Neurological \_\_\_\_\_  
 Comments on Emotional Behavior \_\_\_\_\_  
 Speech Difficulty \_\_\_\_\_  
 Other, including lab reports \_\_\_\_\_  
 Is this child capable of carrying a full program of school work including gymnastics and athletics?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ Recommended restrictions \_\_\_\_\_

**MEDICAL CERTIFICATION OR IMMUNIZATION**

Butler County Health Department requires doctor's confirmation of occurrence of communicable disease.

DISEASE	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
DTaP, DPT or DT	_____	_____	_____	_____	_____
DT/Td	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR (Measles-Mumps-Rubella)	_____	_____	_____	_____	_____
Hepatitis B Vaccine	_____	_____	_____	_____	_____
Varicella (Chicken pox)	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_  
 Physician's Name (Printed) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**KINDERGARTEN, GRADES 1 - 4**

- Kindergarten . Grades 1 - 4 students are required to have:
- 4 doses of DPT or DTaP. Those who received the 4<sup>th</sup> dose before their 4<sup>th</sup> birthday must receive 1 more dose.
  - 3 doses of Polio vaccine. Those who received the 3<sup>rd</sup> dose before their 4<sup>th</sup> birthday, must receive 1 more dose.
  - 2 doses of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1<sup>st</sup> 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 2014-2015**

**QUEEN OF PEACE SCHOOL 2550 MILLVILLE AVE., HAMILTON, OH. 45013**

**863-8705**

\_\_\_\_\_ D.O.B. \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ B.P. \_\_\_\_\_  
Last Name First Middle

General appearance, nutritional state, vitality \_\_\_\_\_  
Skin (color, condition, eruptions?) \_\_\_\_\_  
Head (size, shape, symmetry?) \_\_\_\_\_  
Ears (right) \_\_\_\_\_ (left) \_\_\_\_\_ Hearing (right) \_\_\_\_\_ (left) \_\_\_\_\_  
Eyes (right) \_\_\_\_\_ (left) \_\_\_\_\_ Vision (right) \_\_\_\_\_ (left) \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Neck (lymph nodes and thyroid) \_\_\_\_\_  
Chest \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen (hernia?) \_\_\_\_\_  
Genitalia \_\_\_\_\_  
Posture & extremities (including skeletal abnormalities) \_\_\_\_\_  
Neurological \_\_\_\_\_  
Comments on Emotional Behavior \_\_\_\_\_  
Speech Difficulty \_\_\_\_\_  
Other, including lab reports \_\_\_\_\_  
Is this child capable of carrying a full program of school work including gymnastics and athletics?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Recommended restrictions \_\_\_\_\_

**MEDICAL CERTIFICATION OR IMMUNIZATION**

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DISEASE	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
DTaP, DPT or DT	_____	_____	_____	_____	_____
DT/Td	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
MMR (Measles-Mumps-Rubella)	_____	_____	_____	_____	_____
Hepatitis B Vaccine	_____	_____	_____	_____	_____
Varicella (Chicken pox)	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
Tdap	_____	_____	_____	_____	_____

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**GRADES 5 - 8**

Grades 5 - 8 students are required to have:

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