

Physician Form due by 1st Day of School

PRESCHOOL/PRE-KINDERGARTEN PHYSICIAN'S Form
QUEEN OF PEACE SCHOOL
2550 MILLVILLE AVE., HAMILTON, OH. 45013
513- 863-8705 (Fax) 513-863-4310

_____ 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 st Date	2 nd Date	3 rd Date	4 th Date	5 th 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) _____

Physician's Address _____ Physician's Telephone _____

PRESCHOOL

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 1st birthday.
- 3 doses of Hepatitis B vaccine.
- 3 or 4 doses of HIB. Number of doses will vary with the type of vaccine used.

Physician Form due by 1st Day of School

KINDERGARTEN, GRADES 1 - 4 PHYSICIAN'S FORM
QUEEN OF PEACE SCHOOL
2550 MILLVILLE AVE., HAMILTON, OH. 45013
513-863-8705 (Fax) 513-863-4310

_____ 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 st Date	2 nd Date	3 rd Date	4 th Date	5 th 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) _____

Physician's Address _____ Physician's Telephone _____

Kindergarten . Grades 1 - 4 students are required to have:

- 4 doses of DPT or DTaP. Those who received the 4th dose before their 4th birthday must receive 1 more dose.
- 3 doses of Polio vaccine. Those who received the 3rd dose before their 4th birthday, must receive 1 more dose.
- 2 doses of MMR (Measles, Mumps and Rubella) vaccine. Vaccine must be administered on or after the 1st 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.

Physician Form due by 1st Day of School

GRADES 5 - 8 PHYSICIAN'S FORM
QUEEN OF PEACE SCHOOL
2550 MILLVILLE AVE., HAMILTON, OH. 45013
513-863-8705 (Fax) 513-863-4310

_____ 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 st Date	2 nd Date	3 rd Date	4 th Date	5 th 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) _____
Physician's Address _____ Physician's Telephone _____

GRADES 5 - 8

Grades 5 - 8 students are required to have:

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