

GESU CATHOLIC SCHOOL
2450 MIRAMAR BLVD.
UNIVERSITY HTS. OH 44118
(216) 932-0620 fax: (216) 932-8326

PRESCHOOL PRE-ENTRANCE HEALTH EVALUATION:

to be completed by PHYSICIAN and returned BEFORE the first day of school

Student's Name _____ Birthdate _____

Address _____ Telephone _____

Dear Doctor: Because a student's health is an important influence on his school performance, please perform a physical exam and comment on the following. Mark remedial defects X, degree 1, 2, or 3; correction, C; negative, O.

Skin _____	Speech _____
Lymph Nodes _____	Teeth _____
Thyroid _____	Occlusion _____
Eyes _____	Tonsils _____
Ears _____	Heart _____
Nasal Passages _____	Lungs _____
Nervous System _____	Hernia _____
Orthopedic _____	Genitalia _____
Height _____	Weight _____

Significant medical history including abnormalities discovered:

Does the student have any allergies?

Current medications or other forms of therapy:

In your opinion does student need any special school services?

Do you have any other recommendations regarding this student?

Immunization History: Please attach a copy of student's immunization record.

Vision Screening

Exam date: _____
Right eye: _____
Left eye: _____

Hearing Screening

Exam date: _____
Right ear: _____
Left ear: _____

Date of Examination: _____ Dr's. Signature: _____

Address: _____ Phone: _____

PLEASE RETURN THIS FORM TO STUDENT'S SCHOOL.