

PHYSICIAN REPORT				
IMMUNIZATIONS				
<i>Vaccines</i>	<u>Requirements for Kindergarten</u>			
DPT Diphtheria, Tetanus, Pertussis	5 doses of DTaP, DTP, or DT, or any combination, if the 4 th dose was administered prior to the 4 th birthday.			
Polio	4 doses if a combination of OPV or IPV was administered. 4 doses of all OPV or all IPV is required if the 3 rd dose of either vaccine was administered prior to the 4 th birthday.			
MMR Measles, Mumps, Rubella	2 doses of MMR. Dose 1 must be administered on or after the 1 st birthday. The 2 nd dose must be administered at least 28 days after dose 1.			
Hib Haemophilus Influenzae Type b	None.			
Hep B Hepatitis B	3 doses of Hepatitis B. The 2 nd dose must be administered at least 28 days after the 1 st . The 3 rd dose should be given at least 16 weeks after the 1 st dose and at least 8 weeks after the 2 nd dose. The last dose in the series (3 rd or 4 th dose) should not be administered before age 24 weeks.			
Varicella vaccine. (eg. Var MMRV)	Varicella vaccine. (Minimum age: 12 months) *Administer the second dose of varicella vaccine at age 4-6 years, provided that ≥ 3 months have elapsed since the first does and both doses are administered at age ≥ 12 months. If second does was administered ≥ 28 days following the first dose, the second dose not need to be repeated.			

Child's Name ~ LAST FIRST MIDDLE

Father's Name Mother's Name

SCREEN TESTS

	DATE		RESULT	
MUSCLE BALANCE				
FARSIGHTEDNESS				
COLOR				
DISTANCE ACUITY			Right	Left
HEARING				
TUBERCULIN	Date	Test	Result	

PHYSICAL ASSESSMENT

Check One:

- Entirely within normal limits
- Abnormalities as follows:

Is there any reason why the student cannot carry out a full program of school work?
Yes _____ No _____

DATE _____

**Otsego Local
Schools**
**18505 Tontogany
Creek Rd.
Bowling Green,
Ohio 43402**

(Signature of Examining Physician)

Physician Name

Physician's Address

Physician's Office Phone: _____