Cridersville Elementary Preschool
501 Reichelderfer Rd
Cridersville OH 45806

WAPAKONETA REDSKINS
www.wapak.org

Wapakoneta Elementary Preschool
900 N Blackhoof St
Wapakoneta OH 45895

ANNUAL MEDICAL DIAGNOSTIC SCREENING FORM

THIS FORM MUST BE COMPLETED, SIGNED AND DATED BY A PHYSICIAN

FORM MUST BE PROVIDED WITHIN 30 BUSINESS DAYS OF ENTRANCE INTO THE PRESCHOOL PROGRAM AND ANNUALLY THEREAFTER

CHILD'S NAME _____ DATE OF BIRTH _____

Assessments/ Screenings	**Assessment/Screening Completed** (circle one)		**Date Completed**	**Reason Not Completed** (health professionals decision, insurance coverage, religious conviction, other)
Vision	YES	NO		
Hearing	YES	NO		
Lead	YES	NO		
Hemoglobin*	YES	NO		
Height	YES	NO		
Weight	YES	NO		

*Physician Determined

Please list any limitations or health conditions (including allergies, medications, dietary restrictions):

_____

_____

This Child is free from apparent communicable disease and is in suitable condition to attend a preschool program based on his/her medical history and physical condition at the time of this examination.

_____ _____

Signature of examining Health Professional **Date of Exam**

Circle one: Physician Physician's Assistant Advanced Practice Nurse

OfficeAddress:_____ Office Phone:_____