KENSTON
SCHOOLS

Richard D. Timmons Elementary School

9595 E. Washington St.
Chagrin Falls, Ohio
44023-2762
Phone: (440) 543-9380
Fax: (440) 543-9163
www.kenstonlocal.org

David A. Rogaliner
Principal

Kristen Hasenohrl
Assistant Principal

February 25, 2019

Dear Parents/Guardians,

As you prepare for your child to begin Kindergarten, there are two medical forms which will need to be completed and returned in May, during screening.

1) School Entrance Medical Record: This form should be completed and signed by the parent/guardian. On this form, you will be able to communicate any health conditions/concerns, allergies and medications.
2) Kindergarten School Entrance Physical Examination & Immunizations: This form should be completed and *signed by your child's physician.* The physical must have been done within the last year (between August 15, 2018 and August 15, 2019). Your pediatrician will ensure that immunization records are current and provide dates of the immunizations, which are requirements for your child to attend school.

Please remember that these must be returned by Kindergarten screening in May.

Sincerely,

Mary Monroe, R.N.
Timmons Health Aide

Melissa Kraus, R.N.
Timmons Health Aide

KENSTON SCHOOLS

Dear Parents:

Pupils enrolled in Preschool through Grade 12 are required to have on file, at their school, written proof that they have received the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code.

Preschool
- DPT (Diphtheria, Pertussis, Tetanus) – Four (4) doses
- Polio (Poliomyelitis) – Three (3) doses
- MMR (Mumps, Measles, Rubella) – One (1) dose
- Hepatitis B – Three (3) doses
- Varicella (Chickenpox) – One (1) dose
- Hepatitis A – Two (2) doses
- HIB (Haemophilus influenza, type B) - Four (4) doses
- Influenza - Four (4) doses
- Pneumococcal - Four (4) doses
- Rotavirus – Three (3) doses

Kindergarten
- DPT/DtaP (Diphtheria, Pertussis, Tetanus) – Four (4) or Five (5) doses
- Polio (Poliomyelitis) – Three (3) or Four (4) doses
- MMR – Two (2) doses
- Hepatitis B – Three (3) doses
- Varicella (Chickenpox) – Two (2) doses

Grades 1 – 12
- DPT/DtaP (Diphtheria, Pertussis, Tetanus) – Three (3) or Four (4) doses
- Polio (Poliomyelitis) – Three (3) or Four (4) doses
- MMR – Two (2) doses
- Hepatitis B – Three (3) doses
- Varicella (Chickenpox) – Two (2) doses

Grade 7
- DPT/DtaP (Diphtheria, Pertussis, Tetanus) – One (1) dose
- MCV4 (Meningococcal) – One (1) dose

Grade 12
- MCV4 (Meningococcal) – Two (2) dose

<u>According to Sections 3313.671 and 3701.13 and of the Ohio Revised Code on the 15th day after school entrance it will be necessary to exclude from school all pupils who have not been adequately immunized.</u>

*Please contact your physician or the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

Please complete the attached School Entrance Medical Record and Immunization Information Form.

Revised: 1/2019

KENSTON SCHOOLS

PRESCHOOL/KINDERGARTEN SCHOOL ENTRANCE PHYSICAL EXAMINATION

(to be completed and signed by a physician)

Name: _____ Birth Date: _____
(Month/Day/Year)

Height: _____ Weight: _____ Blood Pressure: _____

General appearance, nutritional state: _____

	Normal	Abnormal		Normal	Abnormal	
Posture			**Neck**			**Vision** R 20/_____ L 20/_____
Skin			**Heart**			
Eyes			**Lungs**			
Ears			**Abdomen**			
Nose			**Genitalia**			**Hearing Test Type:_____** R _____ L _____
Throat (Tonsils)			**Hernia**			
Mouth (Teeth)			**Nervous System**			
Musculoskeletal			**Other (Specify)**			

Remarks and recommendations concerning any abnormal findings:

_____

What medication, if any, is the child taking?

_____

Reason for medication: _____

Was child referred to a specialist for any reason (specify)? _____

_____

_____

Attach a copy of the child's current immunization record.

Immunizations (circle one) Complete or In Process

Special Tests (at discretion of physician)

Urinalysis: _____ Hemoglobin: _____ Other: _____

Other (specify type and dates): _____

Tuberculin Test: _____ Type: _____ Results: _____ Positive _____ Negative _____

Signature of Physician: _____ Date: _____

Physician (please print): _____ Phone Number: _____

Revised 1/2019

KENSTON SCHOOLS

PRESCHOOL ONLY
SCHOOL ENTRANCE MEDICAL RECORD
AND IMMUNIZATION INFORMATION

(to be completed and signed by parent/guardian)

NAME: _____ BIRTHDAY: _____
Month/Day/Year

NAME OF PHYSICIAN: _____ TELEPHONE: _____

NAME OF DENTIST: _____ TELEPHONE: _____

DISEASE AND ILLNESS HISTORY (Give Year)			
Chicken Pox:	Scarlet Fever:	Eczema:	Diabetes:
Measles:	Convulsions:	Ear Infections:	Heart Disease:
Mumps:	Strep Infection:	Hearing Problems:	Kidney Disease:
Rubella:	Hay Fever:	Vision Problems:	Other:
Any known physical handicaps (explain):			
Allergies or asthma (explain):			
Emergency treatment required (explain):			
Bee Sting Allergy/Food Allergy:			
Emergency treatment required (explain):			
Hospitalization (reasons and dates):			
Injuries or Operations (types and dates):			
Serious Illness (types and dates):			
Is your child currently on any medication?			
Name of medication:		Reason for medication:	
Will your child need this medication at school? (circle one) Yes No			
Other health problems (explain):			

Family History

Serious illness in immediate family (indicate family member)

Diabetes:	Tuberculosis:	Heart Disease:	High Blood Pressure:

Attach a copy of the child's current immunization record.

Other (Specify type and dates): _____

Parent/Guardian Signature: _____ **Date:** _____

Revised 1/2019