

Cardinal Pacelli School  
927 Ellison Avenue  
Cincinnati, OH 45226  
513-321-1048 fax 513-533-6113  
Medical Exam\*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Examination: Date \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Conditions/school restrictions: \_\_\_\_\_

Development: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ (growth, development, speech, etc)

Comments: \_\_\_\_\_

Hearing (type of test): \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Aided \_\_\_\_\_

Vision (type of test): \_\_\_\_\_ Acuity: R \_\_\_\_\_ L \_\_\_\_\_ Glasses \_\_\_\_\_

**Immunization Dates \*\***

DPT \_\_\_\_\_

Tdap \_\_\_\_\_ Td \_\_\_\_\_ (1 dose required for Gr. 7)

Polio/type \_\_\_\_\_

MMR \_\_\_\_\_ (2 doses required for kindergarten)

Hep.B \_\_\_\_\_

Hib \_\_\_\_\_ (required for pre-school)

Varicella vac. \_\_\_\_\_ (2 doses required for kindergarten)

Meningococcal \_\_\_\_\_ (required for Gr. 7)

Allergies: medications \_\_\_\_\_ food \_\_\_\_\_

other allergies \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physician's name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date \_\_\_\_\_

**\*Yearly physical exam within past 12 months required for pre-school and pre-K**

**\*\*Please see state immunization requirements on New Student Registration webpage**