

ESC of the Western Reserve Preschool Program

Please select preschool:

Lake County: Perry Fairport

Geauga County: Jordak Ledgemont Metzenbaum Center Twinkle

Child Medical Statement

8221 Auburn Road Painesville, Ohio 44077

Office Number: 440.350.2563 ext 734

Fax Number: 440.352.6066 (attention: Amy Palker)

Email: Apalker@escwr.org

This document is to be completed by the Child's Physician, Physician's Assistant, or Advanced Practice Nurse

Child's Name: _____

Date of Birth: _____ **Height:** _____ **Weight:** _____ **Sex:** ___ Male ___ Female

Limitations or Health conditions including allergies, medications, dietary restrictions etc.

Immunizations	Please Circle One	
Complete for Age	Yes	No
In Progress	Yes	No
Exempt from Immunizations	Religious Conviction	Health Concerns

Please attach a copy of the child's most recent immunization record to this document.

This child has been examined and is in suitable condition to participate in the preschool program

Physician, Physician's Assistant, or Advanced Practice Nurse (circle one)	Date of the Exam
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Address: _____

Phone: _____

Signature of Examiner: _____

Required Assessment/Screenings for all students attending the ESC of the Western Reserve Preschool Program

Assessment/Screening	Completed (please circle one)		Date Completed	Results	Reasons Not Completed
	Yes	No			
Vision	Yes	No			
Hearing	Yes	No			
Dental	Yes	No			
Lead Screening	Yes	No			
Hematocrit or Hemoglobin	Yes	No			