



Lion of Judah Academy



1486 E. 55th. Cleveland, OH 44103
(216) 881-9200 Ph (216) 881-9201 Fax
www.lojacademy.org

Physicians' Report

Students enrolling in the school are required to have a health appraisal, including history and physical examination for tuberculosis. Immunizations must meet Ohio and school standards. Please supply the requested information and explain any abnormal results.

Child's Name _____ Birth date ___/___/___

School _____ Grade _____

Medical History: Normal Abnormal

Motor/ Language Milestones: Normal Abnormal

Social/ Emotional Development: Normal Abnormal

Height ___ **Weight** ___ **Pulse** ___ **Respiratory Rate** ___ **Blood Pressure** ___/___

Physical Examination: Normal Abnormal

Auditory Acuity: Normal Abnormal

Visual Acuity: Normal Abnormal

Speech/Language: Normal Abnormal

List any chronically prescribed medications or supplements:

___ **Fluoride Supplement** _____

___ **Food Supplement** _____

___ **Modified Diet (specify)** _____

Can this child participate fully in academic programs? Yes No

Explain problem and any limitations: _____

Can this child participate fully in age appropriate physical education and sports? Yes No

Explain problem and any limitations: _____

Physician's Name (please print) _____ **Date of Exam** ___/___/___

Physician's signature) _____ **Date signed** ___/___/___

Phone _____ **Fax** _____



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IMMUNIZATION DATES (required immunizations in bold):

| | | | | | |
|---------------------|---------------------|-------------------|-------------------|-------------------|----------------------------|
| DTP/DTAP#1 | DPT/DTAP#2 | DPT/DTAP#3 | DPT/DTAP#4 | DPT/DTAP#5 | TDAP/TD BOOSTER |
| OPV/IPV#1 | OPV/IPV#2 | OPV/IPV#3 | OPV/IPV#4 | OPV/IPV#5 | |
| MMR#1 | MMR#2 | | | | |
| HEPB#1 | HEPB#2 | HEPB#3 | | | |
| VARICELLA #1 | VARICELLA #2 | | | | |

Is student at high risk for tuberculosis by CDC criteria? Yes No

If yes, results of PPD or chest X-ray within the year prior to enrollment: Test _____ Date _____
Result _____ Date read _____

Physician's Name (please print) _____ Date of Exam ___/___/___

Physician's Signature _____ Date signed ___/___/___

Phone _____ Fax _____



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Immunization Summary for School Attendance

| Vaccines | Fall 2011 Required immunizations for School Attendance |
|---|--|
| DTAP/DTP/DTTDAP/TD Diphtheria, Tetanus, Pertussis | <p>Kindergarten 5 doses of DTaP, or DT, or any combinations, if the fourth dose was administered prior to the 4th birthday.</p> <p>Grades 1-12 3-4 doses of DTaP, DTP or Td or any combination.</p> <p>Grades 7-8 1 dose of Tdap or Td vaccine must be administered prior to entry.</p> |
| POLIO | <p>K-1 3-4 doses of IPV, the final dose must be administered on or after the 4th birthday regardless of the number of previous; 4 doses if a combination of OPV and IPV was administered.</p> <p>Grades 2-12 4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or IPV is required if the third dose of either vaccine was administered prior to the 4th birthday.</p> |
| MMR Measles, Mumps, Rubella | <p>k-12 2 doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p> |
| Hib Haemophilus Influenzae Type b | None |
| HEP B Hepatitis B | <p>K-12 2 doses of varicella vaccine must be administered prior to entry.</p> <p>Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday.</p> |
| Varicella (Chickenpox) | <p>K-1 2 doses of varicella vaccine must be administered prior to entry.</p> <p>Grade 2-5 1 dose of varicella vaccine must be administered on or after the first birthday</p> |

Notes:

- The 4 day “grace” period applies to all age and interval minimums. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- The Tdap and Varicella requirements will be progressive.
- Only full doses of vaccine using proper intervals shall be counted as valid doses.
- For additional information please refer to the Ohio Administrative code 5101:2-12-37 for Child Attendance. These documents list required and recommended immunizations and indicate exemptions to immunizations.

Please contact the Ohio Department of Health Immunization Program at (800)282-0546 or (614) n466-4643 with questions or concerns.