Mayfair Christian School
www.mayfairchristianschool.com ~ office@mayfairchristianschool.com
2350 Graybill Road, Uniontown, OH 44685 ~ Phone: 330-896-3184 ~ Fax: 330-896-0703
A Christian K-8 School Established in 1911 ~ Teaching Minds ~ Reaching Hearts

PHYSICIAN REPORT

Child's Name: _____ **Date of Birth:** _____ **Date of Exam:** _____

Height: _____ **Weight:** _____

Physical Examination:

Essentially Normal _____ **Abnormalities as follows:** _____

_____

Please specify allergy (if applicable):

Food: _____

Medication: _____

Other: _____

Physician ordered treatment includes:

□ Epinephrine Autoinjector

□ Antihistamine

□ Multi-Dose Inhaler

Is the child able to participate fully in:

Classroom and academic activities?	Y	N
Physical Education classes?	Y	N
Competition athletics?	Y	N
Contact and collision sports?	Y	N

Limitations include:

_____

_____

IMMUNIZATION INFORMATION

DPT					
MMR					
HEB B					
POLIO					
VARICELLA					
Varicella Date of Disease					
HIB					
TB Test/Result					

If this child has any physical, developmental or behavioral problems, how should the school plan to assist with special programs, placement or attention?

_____

_____

Physician's Assessment Summary:

Problems: _____

_____

_____

Recommendations: _____

_____

_____

The following requirements apply to children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program:

Assessment/Screening	Completed? (circle)		Date of Completion	Reason not completed (religion conviction, insurance coverage, physical determination)
Vision	Yes	No		
Hearing	Yes	No		
Dental	Yes	No		
Lead	Yes	No		
Hemoglobin/HCT	Yes	No		

PHYSICIAN SIGNATURE: _____ **DATE:** _____