ST. MICHAEL
THE ARCHANGEL
CATHOLIC PARISH AND SCHOOL

Dear Parents of Students New to St. Michael Parish School:

It is the policy of St. Michael Parish School that each student entering St. Michael at the Kindergarten level must have a medical and dental examination. This policy is in agreement with the American Academy of Pediatrics and the American School Health Association.

The Ohio State Department of Health requires upon entrance to the school certain immunizations and other health requirements. The following records must be completed in order for students to fulfill registration requirements:

1. IMMUNIZATION REQUIREMENTS FOR SCHOOL (see reverse side)
2. Medical examination by a physician given within one year prior to enrollment
3. Dental examination by a dentist given within one year prior to enrollment
4. Proof of date of birth (original birth certificate from the state in which the child was born)
5. Baptismal certificate, if not baptized at St. Michael Parish in Sharonville
6. Proof of custody, if applicable

Children who are five years of age on or before September 30 are eligible to register for Kindergarten.

The enclosed medical and dental forms are to be completed by your family physician and dentist.

PLEASE NOTE: THE IMMUNIZATION RECORD, DENTAL FORM, ORIGINAL BIRTH CERTIFICATE, AND BAPTISMAL CERTIFICATE MUST BE IN THE SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.

IF THESE RECORDS ARE NOT IN THE SCHOOL OFFICE, YOUR CHILD WILL BE EXCLUDED FROM ATTENDING ST. MICHAEL PARISH SCHOOL UNTIL SUCH RECORDS ARE SECURED.

CHURCH
11144 Spinner Avenue
Sharonville, Ohio 45241-2699
phone 513.563.6377 | *fax* 513.554.3543
web www.saintmichaelchurch.net

SCHOOL
11136 Oak Street
Sharonville, Ohio 45241
phone 513.554.3555 | *fax* 513.554.3551
web www.stmichaelsharonville.org

ST. MICHAEL THE ARCHANGEL
CATHOLIC PARISH AND SCHOOL

ST. MICHAEL PARISH SCHOOL
MEDICAL EXAMINATION FORM

PLEASE ATTACH CURRENT IMMUNIZATION RECORD.

Student's Name_____ DOB_____Sex_____

School_____Grade_____Date_____

PHYSICAL EXAM REPORT

Height:	**Any medical concerns for the following:**
Weight:	Mental/Emotional:
Blood Pressure:	Musculoskeletal:
Pulse:	Ear/Nose/Throat:
Chronic Conditions: ___ADD/ADHD ___Asthma ___Autism/Asperger's ___Diabetes: Type 1/Type 2 ___Other: ___Allergies: _____ _____ ___History of Concussions (when? describe)	Skin:
	Lymph Nodes:
	Heart/Circulatory:
	Lungs/Respiratory:
	Stomach/Digestive:
	Urinary:
	Bowels:
Hearing: Pass/Fail Describe:	**Vision**: Pass/Fail Describe:

Does this student have any significant medical problems? Describe: _____

_____

If you wish this student to be restricted from any part of our school program, please explain. _____

_____

Physician's Signature:_____

Physician's Name Printed:_____

Office Address:_____Phone#_____

CHURCH
11144 Spinner Avenue
Sharonville, Ohio 45241-2699
phone 513.563.6377 | *fax* 513.554.3543
web www.saintmichaelchurch.net

SCHOOL
11136 Oak Street
Sharonville, Ohio 45241
phone 513.554.3555 | *fax* 513.554.3551
web www.stmichaelsharonville.org

ST. MICHAEL THE ARCHANGEL
CATHOLIC PARISH AND SCHOOL

ST. MICHAEL PARISH SCHOOL
DENTAL EXAMINATION FORM

Student's Name: _____ Date of Birth: _____

School: _____ Grade: ____ Gender: ____

Report of Dental Examination

This is to certify that I have examined the teeth of the above-named student and I find:

- Oral hygiene is: Good ____ Fair ____ Poor ____
- Number of teeth filled: ____
- Number of teeth extracted: ____
- All necessary dental work has been completed: Yes ____ No ____
- Treatment is in progress: Yes ____ No ____
- No dental work is necessary: Yes ____ No ____
- Is child under regular dental supervision? Yes ____ No ____

Remarks

Please elaborate on any of the above or make any recommendations that would assist the school in helping this child.

_____

_____

_____

_____

_____

Dentist's Signature: _____

Office Address: _____

Date: _____ Phone Number: _____

PLEASE RETURN THIS COPY TO SCHOOL

CHURCH
11144 Spinner Avenue
Sharonville, Ohio 45241-2699
phone 513.563.6377 | *fax* 513.554.3543
web www.saintmichaelchurch.net

SCHOOL
11136 Oak Street
Sharonville, Ohio 45241
phone 513.554.3555 | *fax* 513.554.3551
web www.stmichaelsharonville.org