Our Lady of the Visitation
Preschool Registration

I would like to welcome your child to preschool at Our Lady of the Visitation. I am excited to meet them and help make their days at school ful"filling"!

The State of Ohio requires certain health and emergency information ***prior*** to the child's first day of preschool attendance, unless otherwise noted. The required forms are attached and include:

Emergency Medical Authorization (EMA)(Attached)

Immunization Record (Not attached-Provider to supply)

Healthcare Provider Report (Attached) Form must be received within thirty (30) days of the first day of attendance.

For children younger than three years of age, a physical examination must have been completed within six (6) months of the first day of attendance and annually thereafter.

For children three years of age and older, a physical examination must have been completed within twelve (12) months of the first day of attendance and annually thereafter.

Return the completed forms on the first day of school. (The Healthcare Provider Report is due by the 30th day of school.)

Will your "hungry caterpillar" (child!) require any medication during the day? Our Lady of the Visitation requires a doctor's order for both prescription and over the counter medications. Forms are available on the website or at the school office.

The required health and emergency information is in the best interest of every child attending the preschool program. Such requirements provide for the prevention and control of communicable diseases, appropriate management of children with special health needs, and access to parents/guardians or identified responsible adults in cases of emergency.

If you have any questions or concerns or would like to discuss your child's special health need, please contact Stephanie Knapke at 513-451-7207 or via email at sknapke@olvisitation.org.

2015 Recommended Immunizations for Children from Birth Through 6 Years Old

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV	IPV						IPV
				Influenza (Yearly)*						
					MMR					MMR
					Varicella					Varicella
					HepA§					

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a l g l djsc l x_ &flu' vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
http://www.cdc.gov/vaccines

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR**vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.

Last updated January 04ˢ 2013 • CS245366-A -

Our Lady of the Visitation School Healthcare Provider Report

Child's Name	Birthdate:	Sex: Male [ ] Female [ ]

OBJECTIVE DATA

*Height:_____ (%) *Weight:_____ (%) *BMI: _____ (%) B P: _____/_____

* Reason Not completed(ex. Healthcare provider decision, insurance coverage, religious conviction) _____

SCREENING TESTS

VISION Date * If not completed, please explain below

Screening equipment utilized:_____

Distance Acuity OD:_20/_____ OS:_20/_____

Random Dot E/Stereopsis	☐ pass	☐ fail	☐ not done
Near Acuity	☐ pass	☐ fail	☐ not done
Child wears glasses?	☐ yes	☐ no	
Tested with glasses?	☐ yes	☐ no	
Referral made?	☐ yes	☐ no	

* Reason Not completed(ex. Healthcare provider decision, insurance coverage, religious conviction) _____

HEARING Date * If not completed, please explain below

Pure tone testing: 1200, 2000, 4000 (HZ) at 20 Decibles

Right ear	☐ pass	☐ fail	☐ not done
Left ear	☐ pass	☐ fail	☐ not done
Typanometry/Impedance	☐ pass	☐ fail	☐ not done

Other tests (specify)_____

History of Otitis Media ☐ yes ☐ no // Insertion of PE tubes ☐ yes ☐ no Date: _____

Referral made? ☐ yes ☐ no

Child wears hearing aid? ☐ yes ☐ no

* Reason Not completed(ex. Healthcare provider decision, insurance coverage, religious conviction) _____

_____

SPEECH/LANGUAGE

Speech assessment:	☐ Done	☐ Not done	☐ Child has no discernible speech problem		
Child has possible problem with:	☐ Articulation	☐ Rhythm	☐ Voice	☐ Language	
Speech evaluation recommended:	☐ Yes	☐ No			

LABORATORY TESTS/Other tests

☐ **Hemoglobin*_____ ☐ **Lead level* _____ Atlantoaxial Instability x-ray (required Down Syndrome): Date:_____ ☐ Done ☐ Not done

*Reason Not completed(ex. Healthcare provider decision, insurance coverage, religious conviction) _____ ☐ Positive ☐ Negative

PHYSICAL EXAMINATION: ***Please include an *updated copy* of the immunization records with this form**

Date of examination: _____ ☐ Essentially normal ☐ Abnormalities as follows: _____

_____

Is this child able to participate fully in the following:

A. Classroom and academic activities? ☐ YES ☐ NO

B. Gross motor activities such as running, tumbling, climbing, etc.? ☐ YES ☐ NO

If limitations are advised, please specify those limitations: _____

_____

Other limitations or health concerns?

_____

_____

IMMUNIZATIONS ****Please include an updated copy of the immunization record with this form**

IMMUNIZATIONS::

Complete for age ☐ YES ☐NO

In Process ☐YES ☐NO

Explain:_____

EXEMPT FROM IMMUNIZATION:

Religious exemption: ☐ YES ☐NO Health Exemption: ☐ YES ☐ NO

Other_____

*Per section 3313.671 of Ohio Revised Code an immunization waiver must be completed for all exemptions.

PLEASE PRINT OR STAMP

Healthcare provider name:

Address

Healthcare provider signature:

Phone	Date signed