MERCER COUNTY HEAD START
CELINA PUBLIC PRESCHOOL

Diagnostician Report

Child's Name:_____Birthdate:_____
Parent/Guardian Name:_____Phone:_____
Address:_____
Street Apt. # City State Zip Code

Physician's: Name and Title: _____
Address: _____
Phone: _____

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1. What is this child's diagnosis?_____

2. Date child was last seen:_____Concerns noted:_____

3. Medication prescribed for this condition:_____
Dosage:_____Times administered:_____

4. Any special treatment or services recommended for this child?_____
_____

5. Are there any limitations on this child's activities while at school or on the playground?_____

6. Do you believe this diagnosis affects this child's ability to learn?___Yes___No

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Physician Signature:_____ Date:_____

Please return to:

Health and Nutrition Coordinator
Mercer County Head Start and Celina Public Preschool
6731 SR 219
Celina, OH 45822
Phone: 419-268-0301 Fax: 419-268.0017