Lisbon Exempted Village School District

Physical Examination

Student's Name	Sex ☐ Male ☐ Female	Date of birth

Height	Weight	BMI percentile	BP

Screening Tests

Vision

Date performed / /

Distance Acuity	☐ R	☐ L
Muscle Balance	☐ Pass	☐ Fail
Stereopsis	☐ Pass	☐ Fail
Color	☐ Pass	☐ Fail
Child wears glasses	☐ Yes	☐ No
Tested with glasses	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No

Hearing

Date performed / /

Pure Tone

Right ear	☐ Pass	☐ Fail
Left ear	☐ Pass	☐ Fail
Child wears hearing aid?	☐ Yes	☐ No
Child under the care of a hearing specialist	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No

Postural

Date performed / /

☐ No abnormality noted

☐ Screening not done

☐ Referral made

Comments: ____________________

Speech/Language

Speech assessment completed	☐ Yes	☐ No
Child has no discernible speech problem	☐ Yes	☐ No
Speech evaluation recommended	☐ Yes	☐ No

Child has possible problem with ____________________

Lead Screening

☐ Date ______________ Results ______________________

☐ Date ______________ Results ______________________

Tuberculin Test

Date ________________ Type ___________ Results ______________

Hematocrit/Hemoglobin (Preschool Only)

Date ______________________ Results ____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination

Date of most recent examination / /

☐ Essentially normal ☐ Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities	☐ Yes	☐ No	Physical education classes	☐ Yes	☐ No
Competition athletics	☐ Yes	☐ No	Contact and collision sports	☐ Yes	☐ No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

Physician's Signature	Print Name	Phone
Address		Date
City	State	Zip