

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name _____			Sex ☐ Male ☐ Female		Date of birth / /	
Height	Weight	BMI percentile		BP		

Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	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	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	☐ No abnormality noted ☐ Screening not done ☐ Referral made Comments _____ _____ _____

Speech/Language

Lead Poisoning

Speech assessment completed ☐ Yes ☐ No Child has no discernible speech problem ☐ Yes ☐ No Speech evaluation recommended ☐ Yes ☐ No Child has possible problem with _____	<table style="width: 100%;"> <tr> <td>☐ Date _____</td> <td>Type ☐ C ☐ V</td> <td>Results _____ µg/dL</td> </tr> <tr> <td>☐ Date _____</td> <td>Type ☐ C ☐ V</td> <td>Results _____ µg/dL</td> </tr> </table> Tuberculin Test Date _____ Type _____ Results _____	☐ Date _____	Type ☐ C ☐ V	Results _____ µg/dL	☐ Date _____	Type ☐ C ☐ V	Results _____ µg/dL
☐ Date _____	Type ☐ C ☐ V	Results _____ µg/dL					
☐ Date _____	Type ☐ C ☐ V	Results _____ µg/dL					

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?

HealthCare Provider's signature	Print name	Phone () - _____
Address		Date / /
City	State	ZIP