

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

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

Lead Poisoning

Date _____	Type	☐ C ☐ V	Results _____	µg/dL
Date _____	Type	☐ C ☐ V	Results _____	µg/dL
Tuberculin Test				
Date _____	Type _____	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? _____ _____			

*Updated immunization records should be provided with this completed document.

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