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 Child has no discernible speech problem Speech evaluation recommended Child has possible problem with __________	☐ Date ______ Type ☐ C ☐ V Results ______ pg/dL ☐ Date ______ Type ☐ C ☐ V Results ______ pg/dL
Hematocrit Date ______ Result ______	**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 the 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

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

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